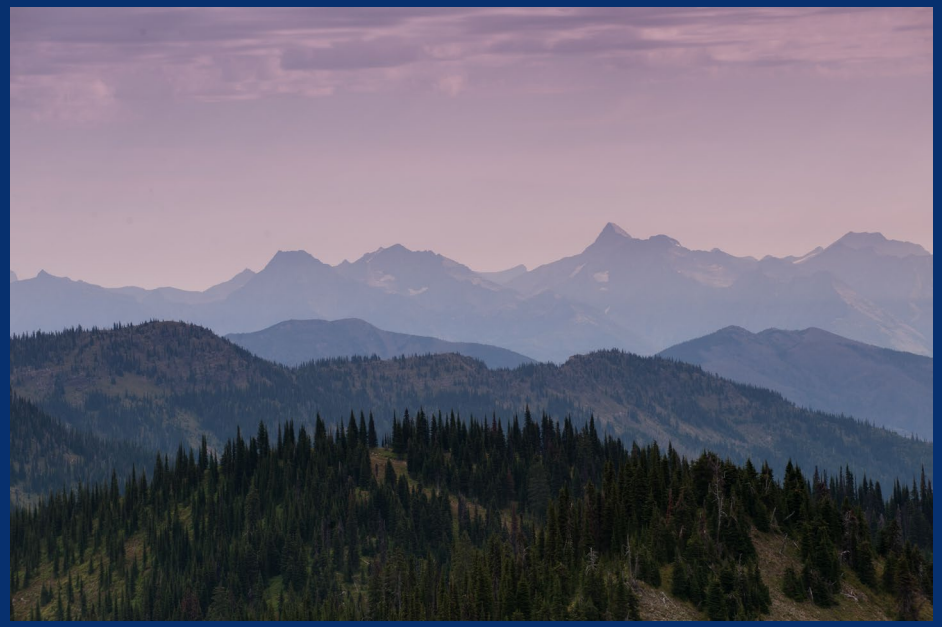
# Nuts and Bolts of the Surveillance Utilization Review Section (SURS)



October 22, 2026

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Jennifer Tucker, CPC
SURS Supervisor

# Disclaimer

**This presentation reflects information available at the time it was presented and is subject to change. Please refer to current policies, regulations, manuals, and official Department guidance for the most up-to-date information.**

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# What is SURS?

**Surveillance Utilization Review Section (SURS) is a federally mandated program** [42 CFR, Part 455 and 456]

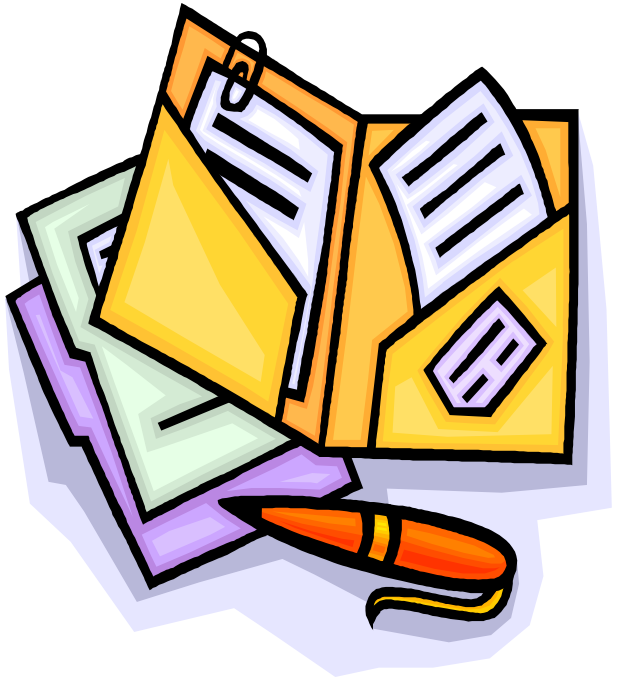
The program maintains a strong commitment to assure that the right provider is receiving the right payment for the right services at the right time. We identify potential fraud, waste and abuse to ensure that State and Federal monies are spent appropriately.



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# The SURS unit accomplishes this by:

- performing retrospective reviews
- educating providers
- recovering overpayments if indicated



# The Medicaid Processing System




- Claims processing system
- Includes numerous edits to help identify billing errors
- It doesn’t detect all errors

# The Medicaid Processing System

- Some claims are paid in error
  - due to incorrect billing
  - system complications/errors
- ALL paid claims are subject to retrospective review
  - Including claims that are prior authorized

# Overpayment Recovery

- SURS can recover if it discovers that the provider was not entitled to payment for any reason.

[ARM 37.85.406 (9) & (10)]

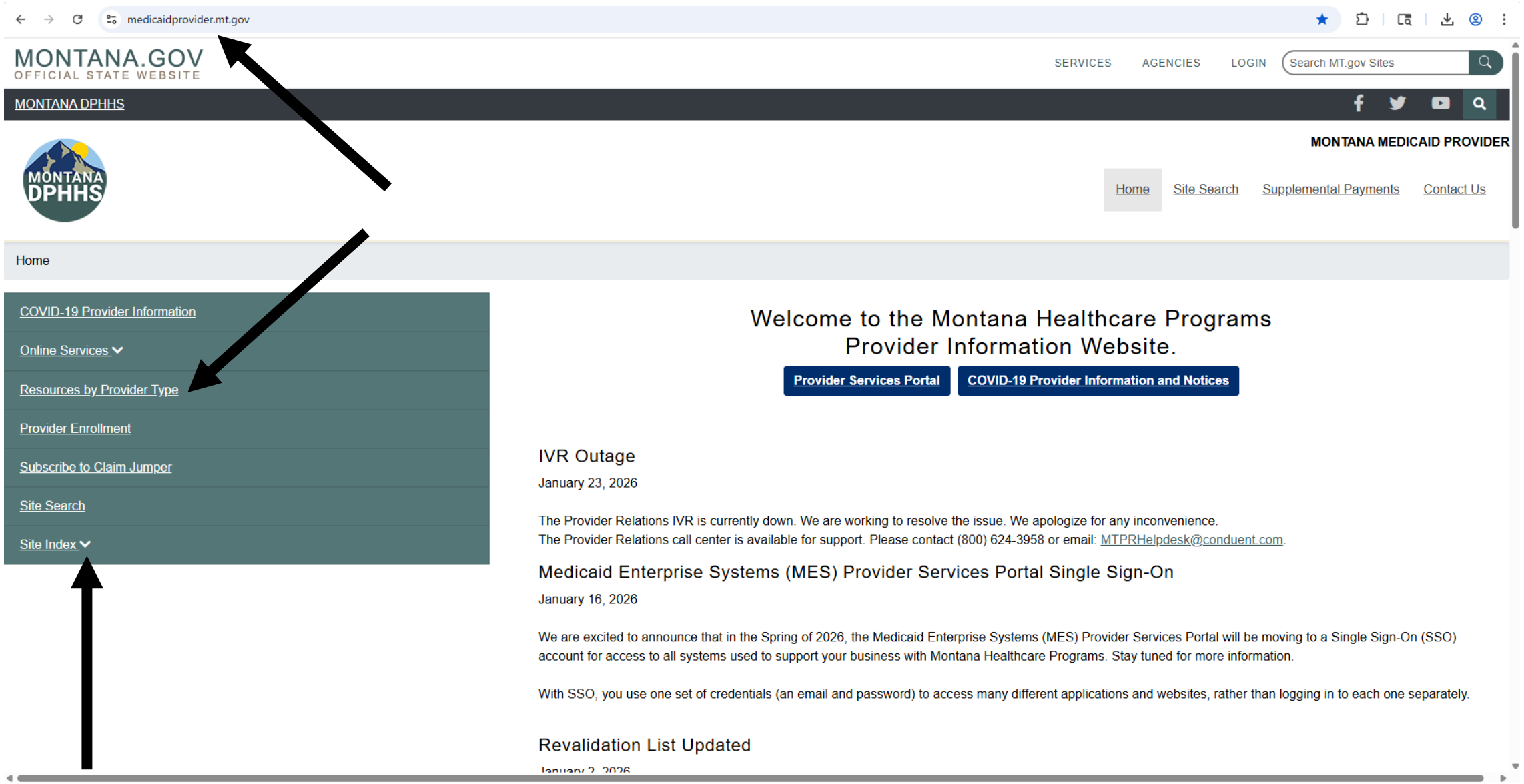
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# Montana Medicaid Website

https://medicaidprovider.mt.gov/



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Welcome to the Montana Healthcare Programs Provider Information Website.
Provider Services Portal
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IVR Outage
January 23, 2026
The Provider Relations IVR is currently down. We are working to resolve the issue. We apologize for any inconvenience.
The Provider Relations call center is available for support. Please contact (800) 624-3958 or email: MTPRHelpdesk@conduent.com.
Medicaid Enterprise Systems (MES) Provider Services Portal Single Sign-On
January 16, 2026
We are excited to announce that in the Spring of 2026, the Medicaid Enterprise Systems (MES) Provider Services Portal will be moving to a Single Sign-On (SSO) account for access to all systems used to support your business with Montana Healthcare Programs. Stay tuned for more information.
With SSO, you use one set of credentials (an email and password) to access many different applications and websites, rather than logging in to each one separately.
Revalidation List Updated

- Where to find forms & training material
- How to fill out an individual adjustment request form
- How to read a remittance advice

**Monthly Billing 101**
Maria Gonzales, Provider Relations Field Rep, Conduent, Fourth Wednesday of every month at 10am (MT) (1 Hour)

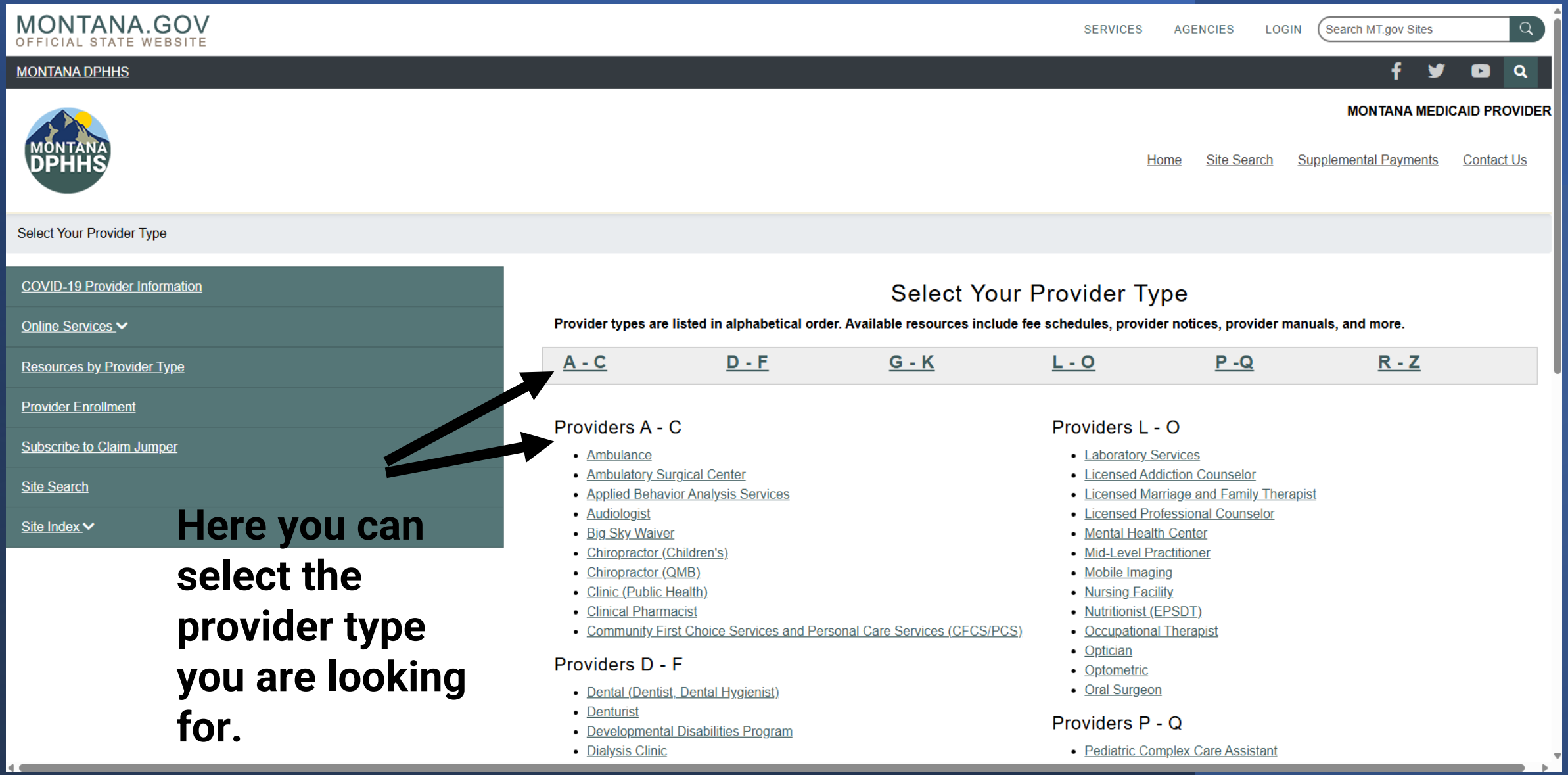
- Website Navigation
- Where to find forms & training material
- How to fill out an individual adjustment request form
- How to read a remittance advice

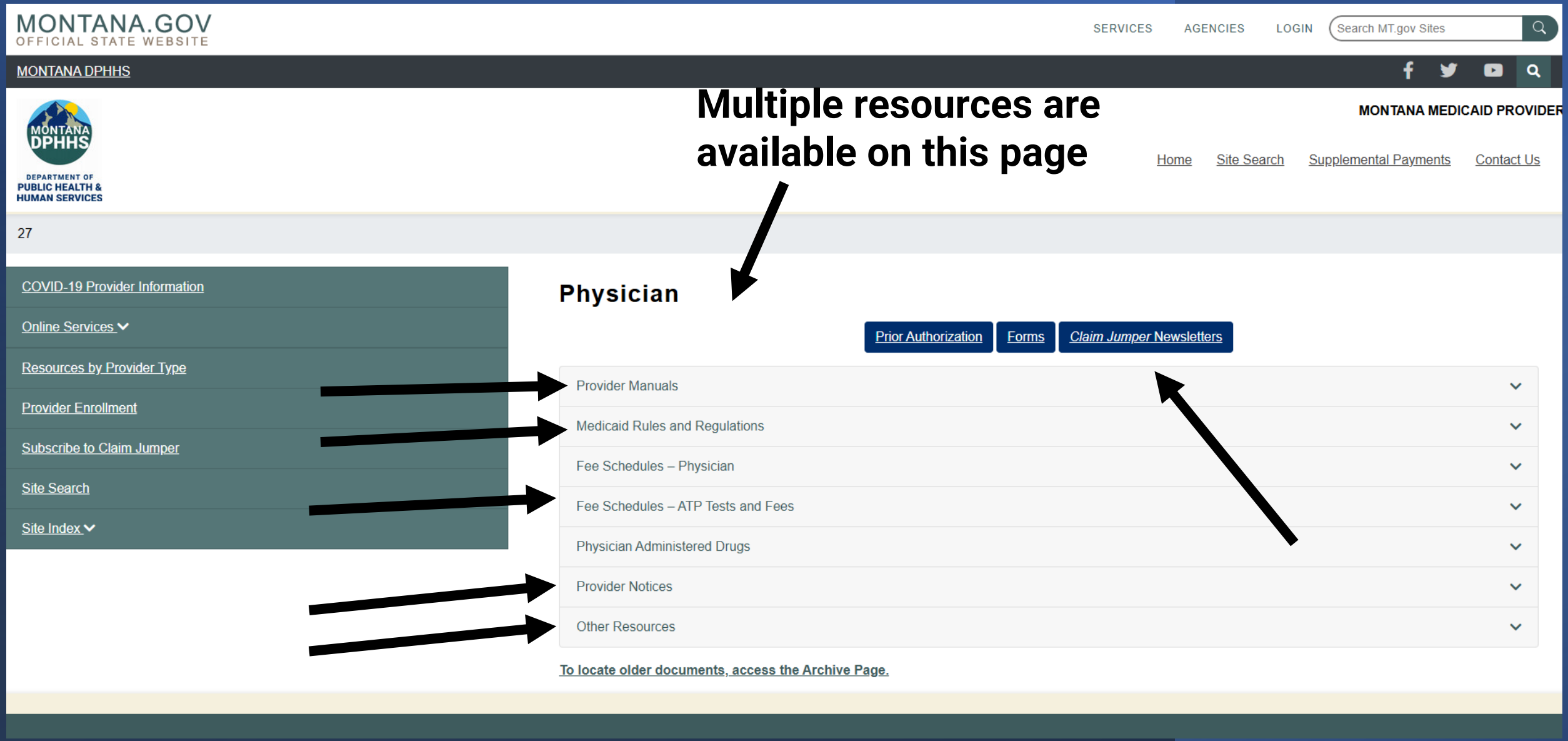
**Clinical Laboratory Improvement Amendments (CLIA) 101**
Michelle Griffin, Montana CLIA Program Manager, Wednesday, January 21, 2026 at 11:30am (MT)

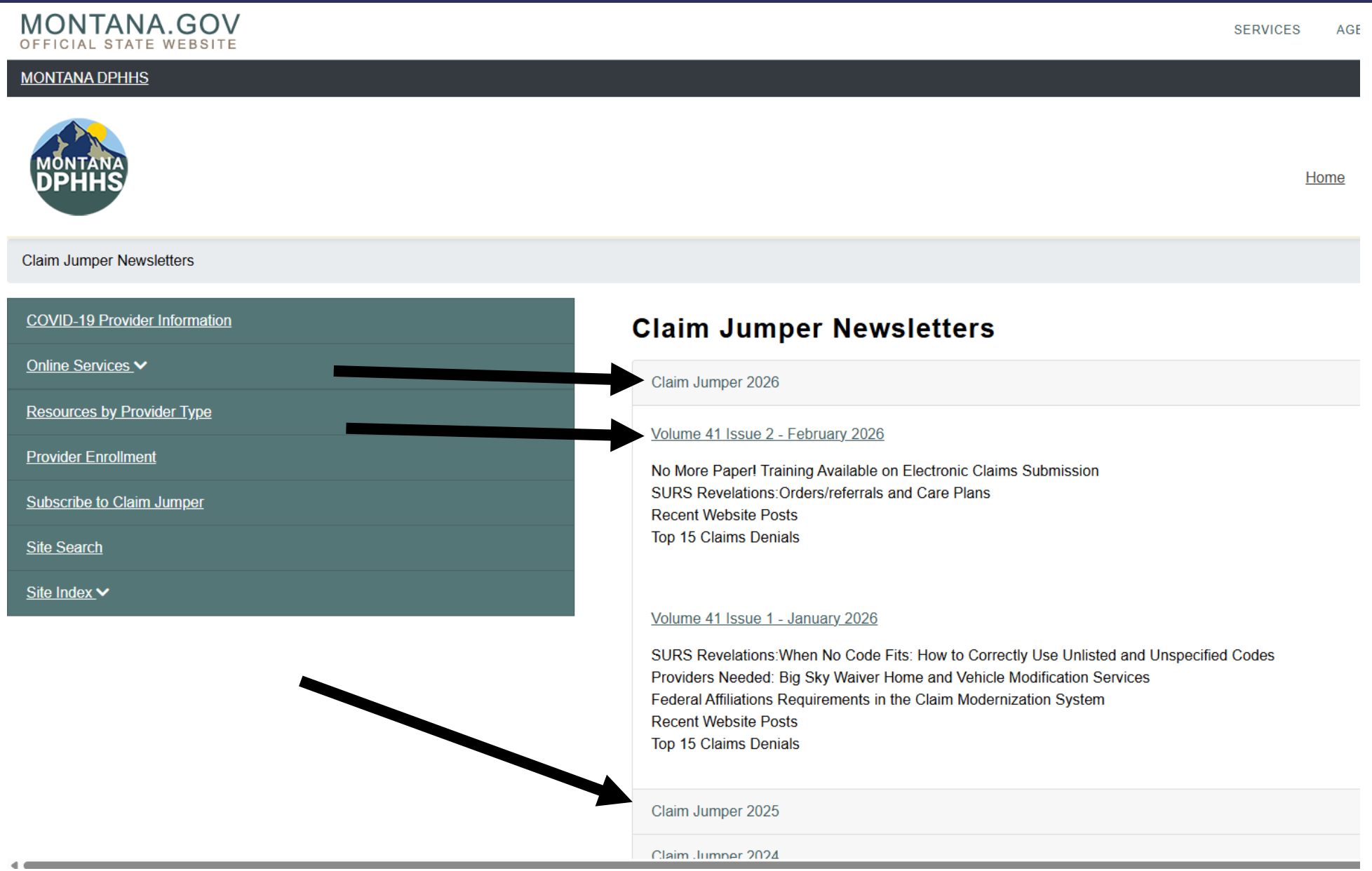
**SURS Nuts and Bolts**
Jennifer Tucker, DPHHS, Thursday, February 19, 2026 at 2:00pm (MT)

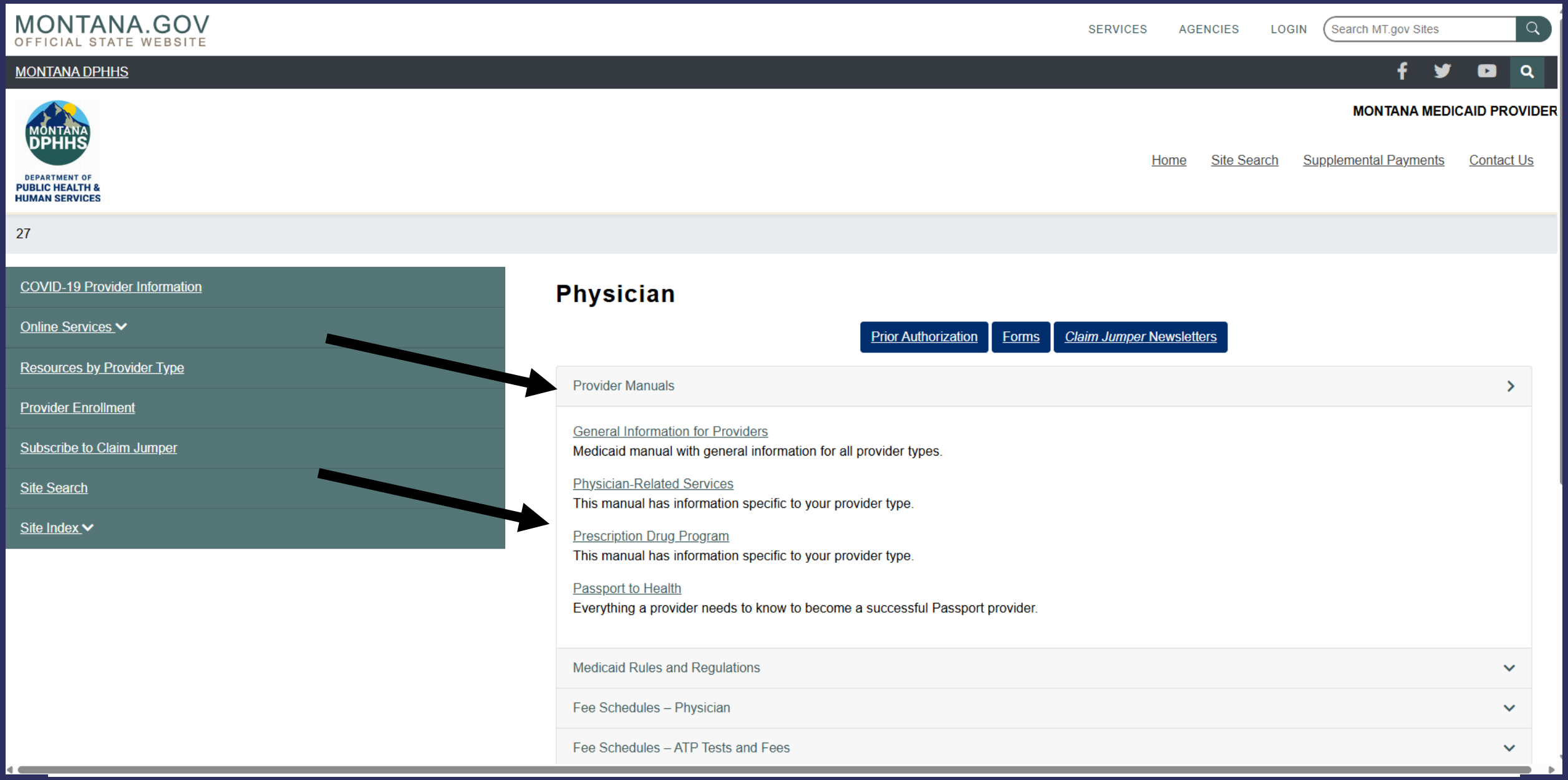
To register for upcoming Online Training and access to previous Training PowerPoints, please visit the Training page at https://medicaidprovider.mt.gov/training.

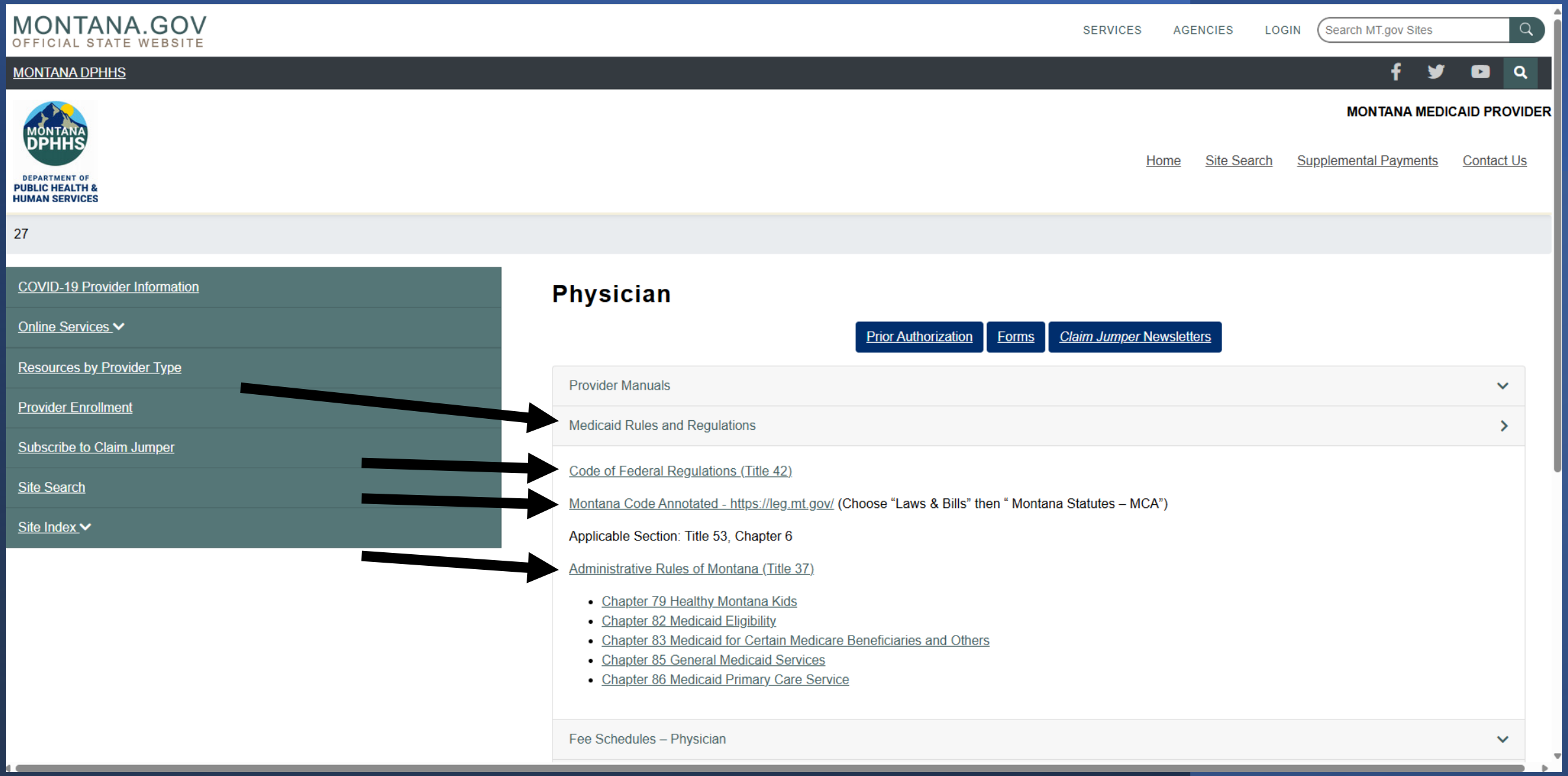
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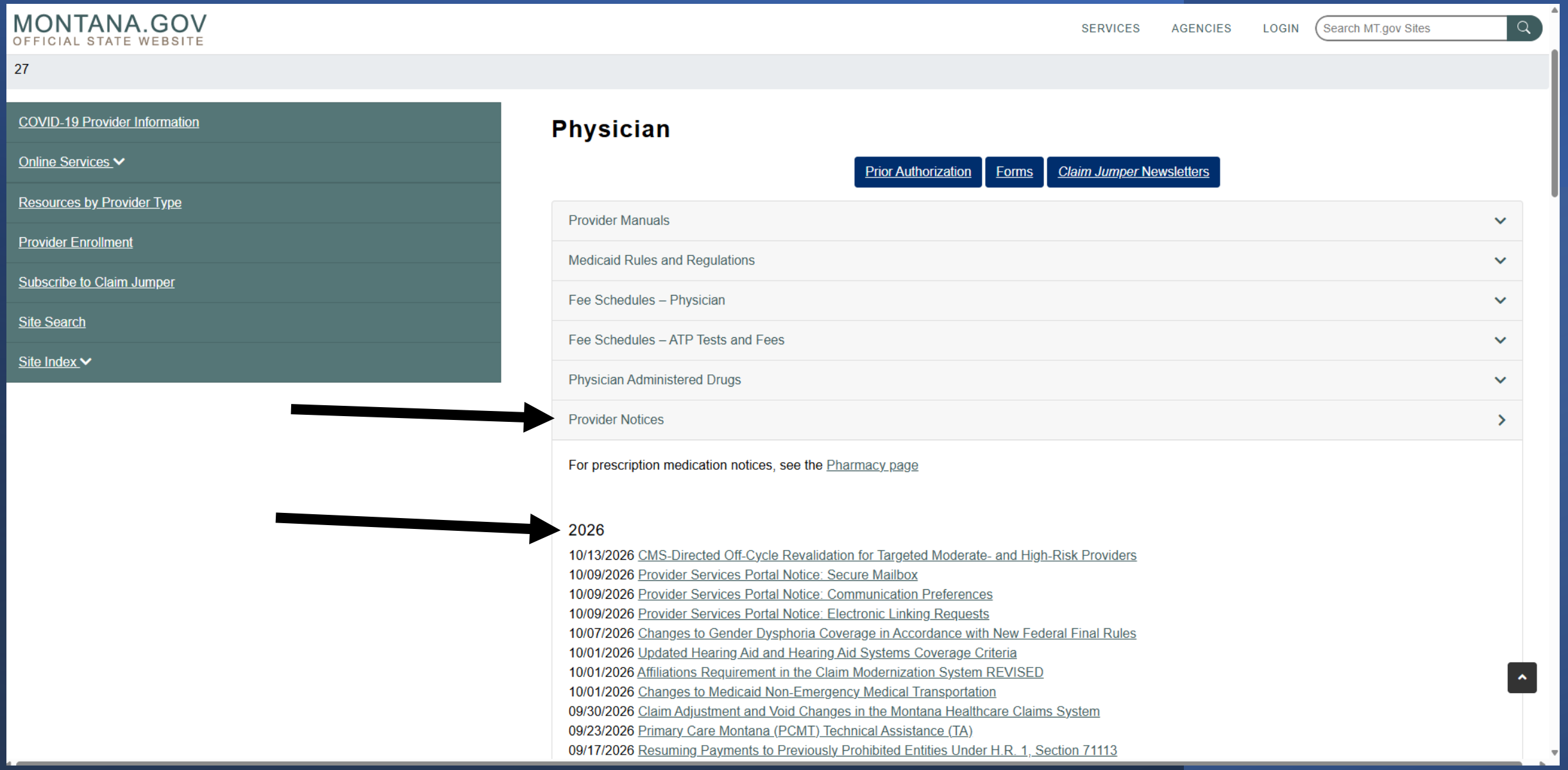

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D - F
G - K
L - O
P -Q
R - Z
Providers A - C
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Ambulatory Surgical Center
Applied Behavior Analysis Services
Audiologist
Big Sky Waiver
Chiropractor (Children's)
Chiropractor (QMB)
Clinic (Public Health)
Clinical Pharmacist
Community First Choice Services and Personal Care Services (CFCS/PCS)
Providers D - F
Dental (Dentist, Dental Hygienist)
Denturist
Developmental Disabilities Program
Dialysis Clinic
Providers L - O
Laboratory Services
Licensed Addiction Counselor
Licensed Marriage and Family Therapist
Licensed Professional Counselor
Mental Health Center
Mid-Level Practitioner
Mobile Imaging
Nursing Facility
Nutritionist (EPSDT)
Occupational Therapist
Optician
Optometric
Oral Surgeon
Providers P - Q
Pediatric Complex Care Assistant


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Volume 41 Issue 2 - February 2026
No More Paper! Training Available on Electronic Claims Submission
SURS Revelations:Orders/referrals and Care Plans
Recent Website Posts
Top 15 Claims Denials
Volume 41 Issue 1 - January 2026
SURS Revelations:When No Code Fits: How to Correctly Use Unlisted and Unspecified Codes
Providers Needed: Big Sky Waiver Home and Vehicle Modification Services
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General Information for Providers
Medicaid manual with general information for all provider types.
Physician-Related Services
This manual has information specific to your provider type.
Prescription Drug Program
This manual has information specific to your provider type.
Passport to Health
Everything a provider needs to know to become a successful Passport provider.
Medicaid Rules and Regulations
Fee Schedules – Physician
Fee Schedules – ATP Tests and Fees


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Code of Federal Regulations (Title 42)
Montana Code Annotated - https://leg.mt.gov/ (Choose "Laws & Bills" then " Montana Statutes – MCA")
Applicable Section: Title 53, Chapter 6
Administrative Rules of Montana (Title 37)
Chapter 79 Healthy Montana Kids
Chapter 82 Medicaid Eligibility
Chapter 83 Medicaid for Certain Medicare Beneficiaries and Others
Chapter 85 General Medicaid Services
Chapter 86 Medicaid Primary Care Service
Fee Schedules – Physician


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For prescription medication notices, see the Pharmacy page
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10/13/2026 CMS-Directed Off-Cycle Revalidation for Targeted Moderate- and High-Risk Providers
10/09/2026 Provider Services Portal Notice: Secure Mailbox
10/09/2026 Provider Services Portal Notice: Communication Preferences
10/09/2026 Provider Services Portal Notice: Electronic Linking Requests
10/07/2026 Changes to Gender Dysphoria Coverage in Accordance with New Federal Final Rules
10/01/2026 Updated Hearing Aid and Hearing Aid Systems Coverage Criteria
10/01/2026 Affiliations Requirement in the Claim Modernization System REVISED
10/01/2026 Changes to Medicaid Non-Emergency Medical Transportation
09/30/2026 Claim Adjustment and Void Changes in the Montana Healthcare Claims System
09/23/2026 Primary Care Montana (PCMT) Technical Assistance (TA)
09/17/2026 Resuming Payments to Previously Prohibited Entities Under H.R. 1, Section 71113

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# Physician

Prior Authorization | Forms | *Claim Jumper* Newsletters

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- Medicaid Rules and Regulations
- Fee Schedules – Physician
- Fee Schedules – ATP Tests and Fees
- Physician Administered Drugs
- Provider Notices
- Other Resources

Prior Authorization Criteria for Specific Services

SURS Provider Internal Self-Review Protocol 10/2023

Physician Assistant Independent Practice Attestation (07/2025)

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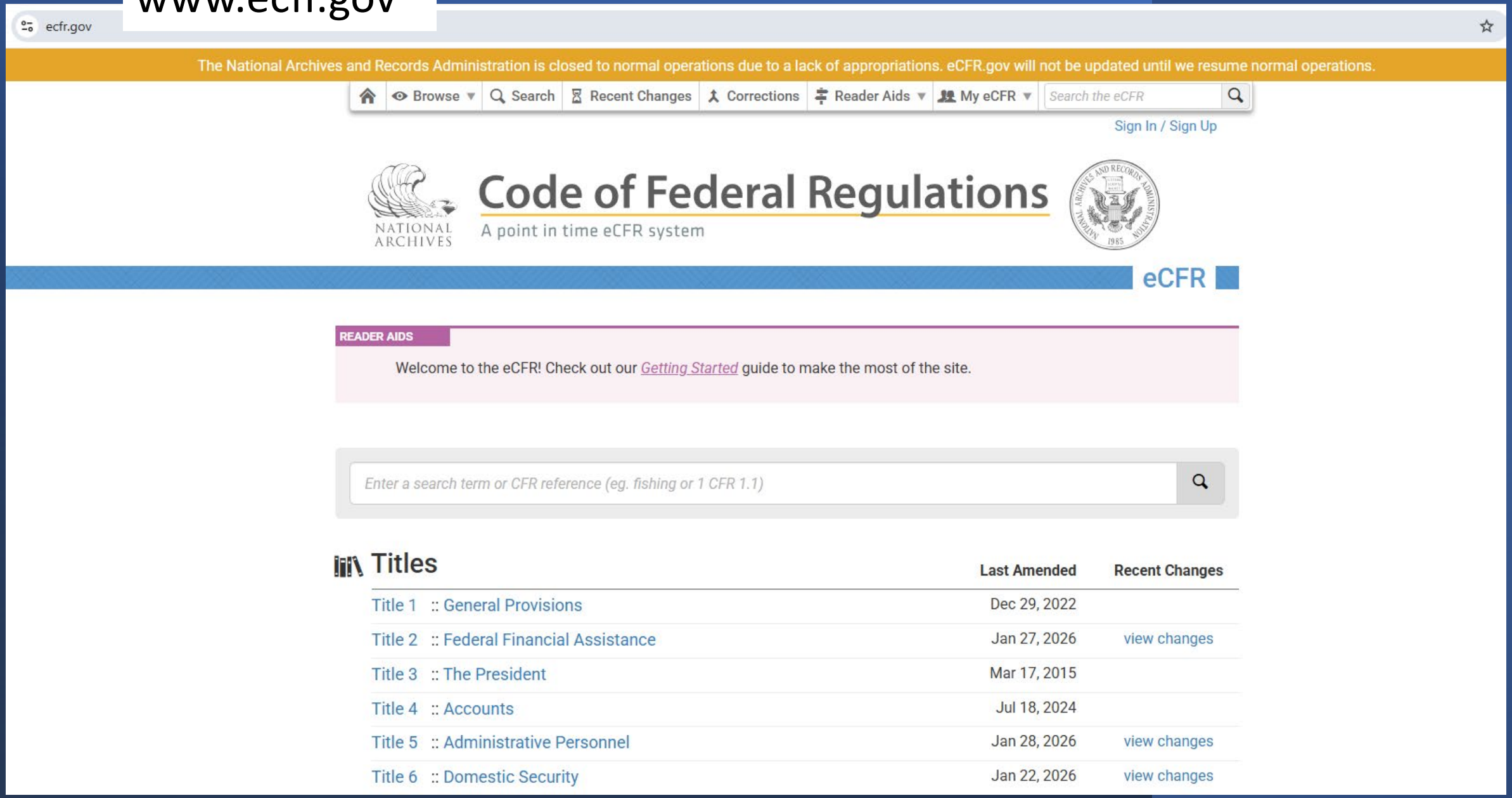
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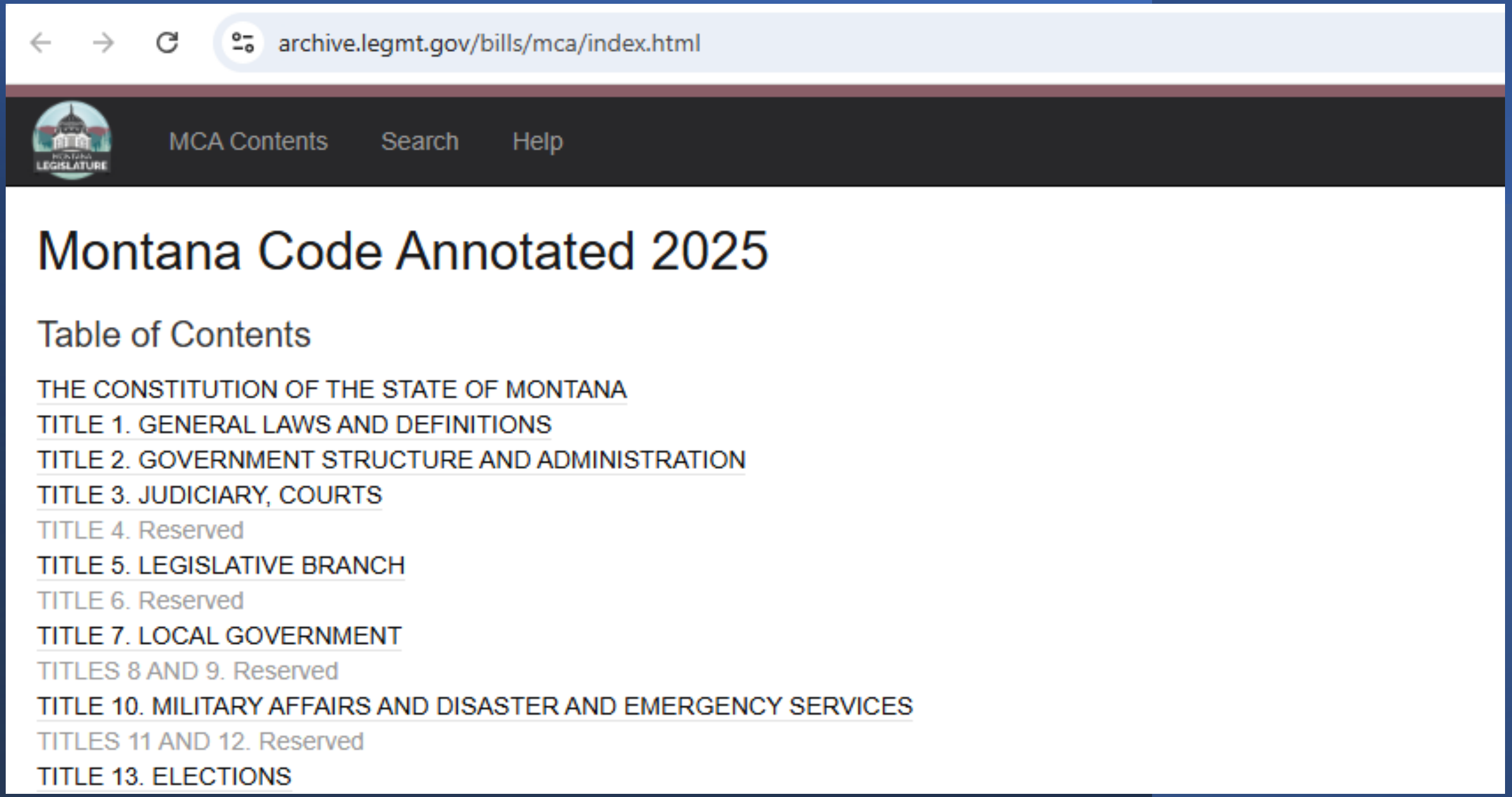
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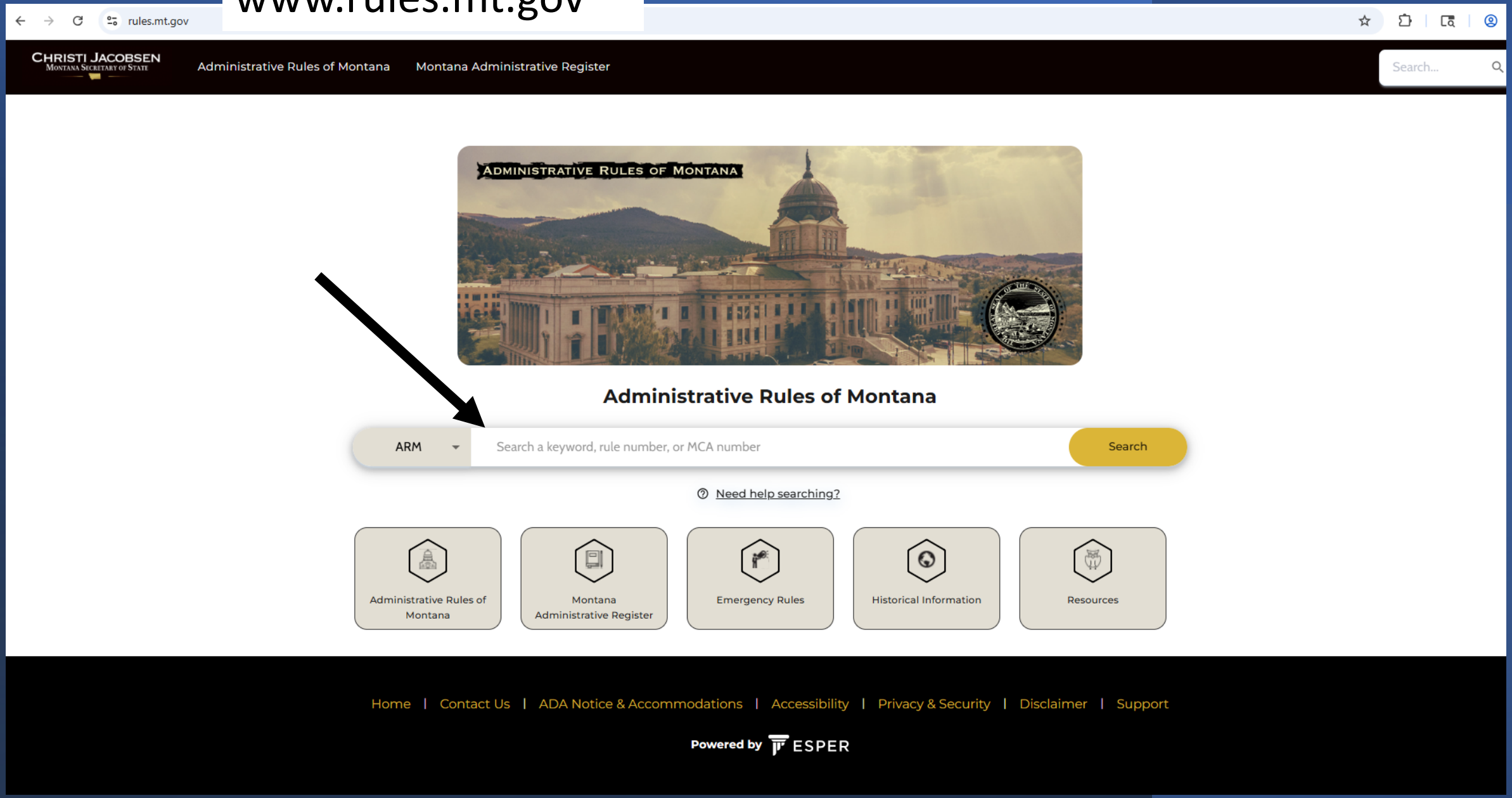
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ARM | telemedicine | Search

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**24.156.813 PRACTICE REQUIREMENTS FOR PHYSICIANS AND PHYSICIAN ASSISTANTS USING TELEMEDICINE**

Title 24 LABOR AND INDUSTRY / Chapter 24.156 BOARD OF MEDICAL EXAMINERS / Subchapter 24.156.8 Telemedicine Rules

24.156.813 PRACTICE REQUIREMENTS FOR PHYSICIANS AND PHYSICIAN ASSISTANTS USING *TELEMEDICINE* (1) Treatment

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**37.86.3401 TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN, DEFINITIONS**

Title 37 PUBLIC HEALTH AND HUMAN SERVICES / Chapter 37.86 MEDICAID PRIMARY CARE SERVICES / Subchapter 37.86.34 Targeted Case Management Services for High Risk Pregnant Women

Monitoring may be furnished through face-to-face visits, telephone calls, and *telemedicine* services.

Administrative Rules of Montana

**37.86.3901 TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS, DEFINITIONS**

Title 37 PUBLIC HEALTH AND HUMAN SERVICES / Chapter 37.86 MEDICAID PRIMARY CARE SERVICES / Subchapter 37.86.39 Targeted Case Management Services for Children with Special Health Care Needs

Monitoring may be furnished through face-to-face visits, telephone calls, and *telemedicine* services.

Administrative Rules of Montana

**37.40.330 SEPARATELY BILLABLE ITEMS**

Title 37 PUBLIC HEALTH AND HUMAN SERVICES / Chapter 37.40 SENIOR AND LONG TERM CARE SERVICES / Subchapter 37.40.3 Reimbursement for Skilled Nursing and Intermediate Care Services

(3) The department will reimburse for all Montana Medicaid covered services delivered via *telemedicine*

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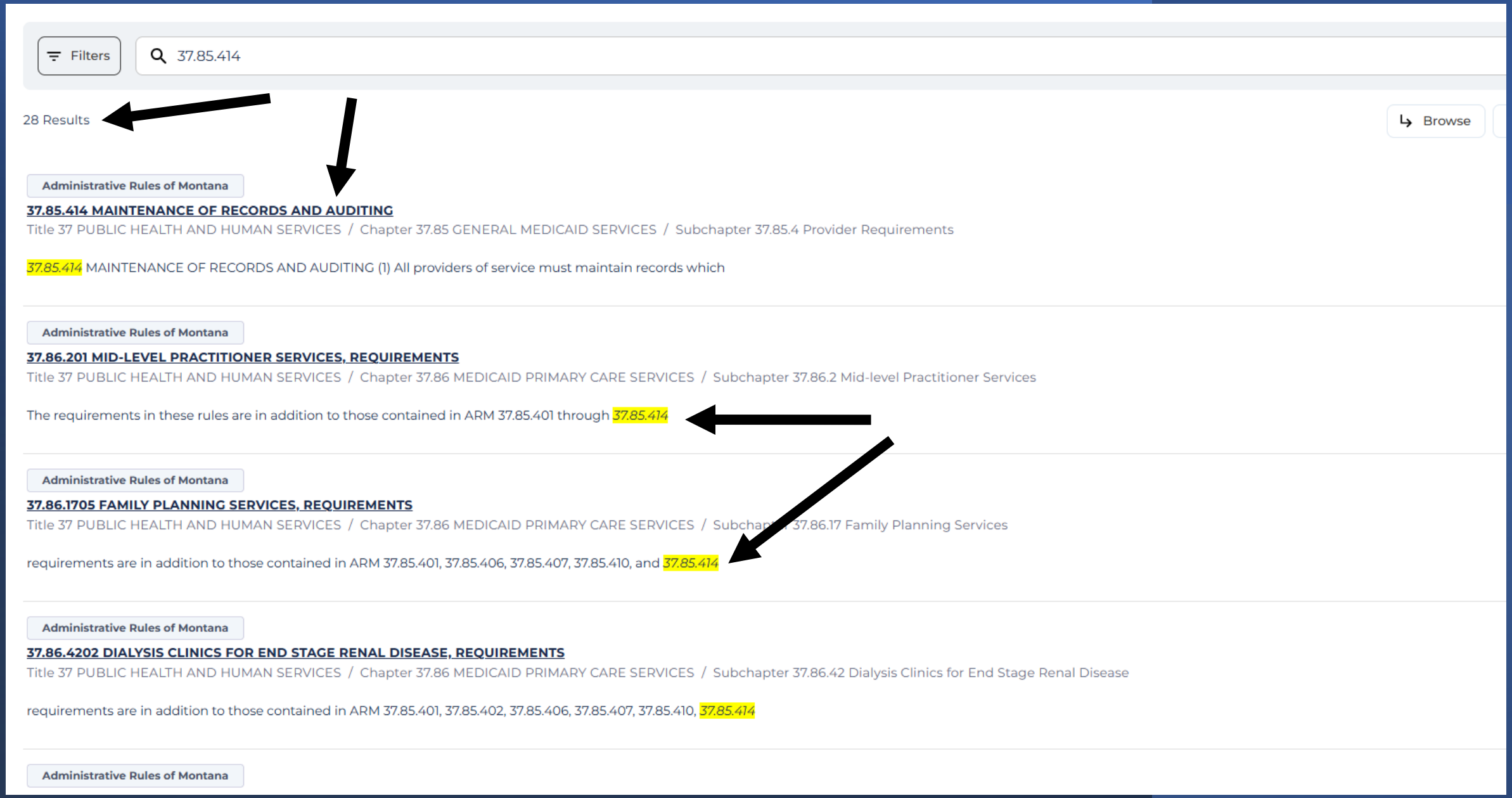



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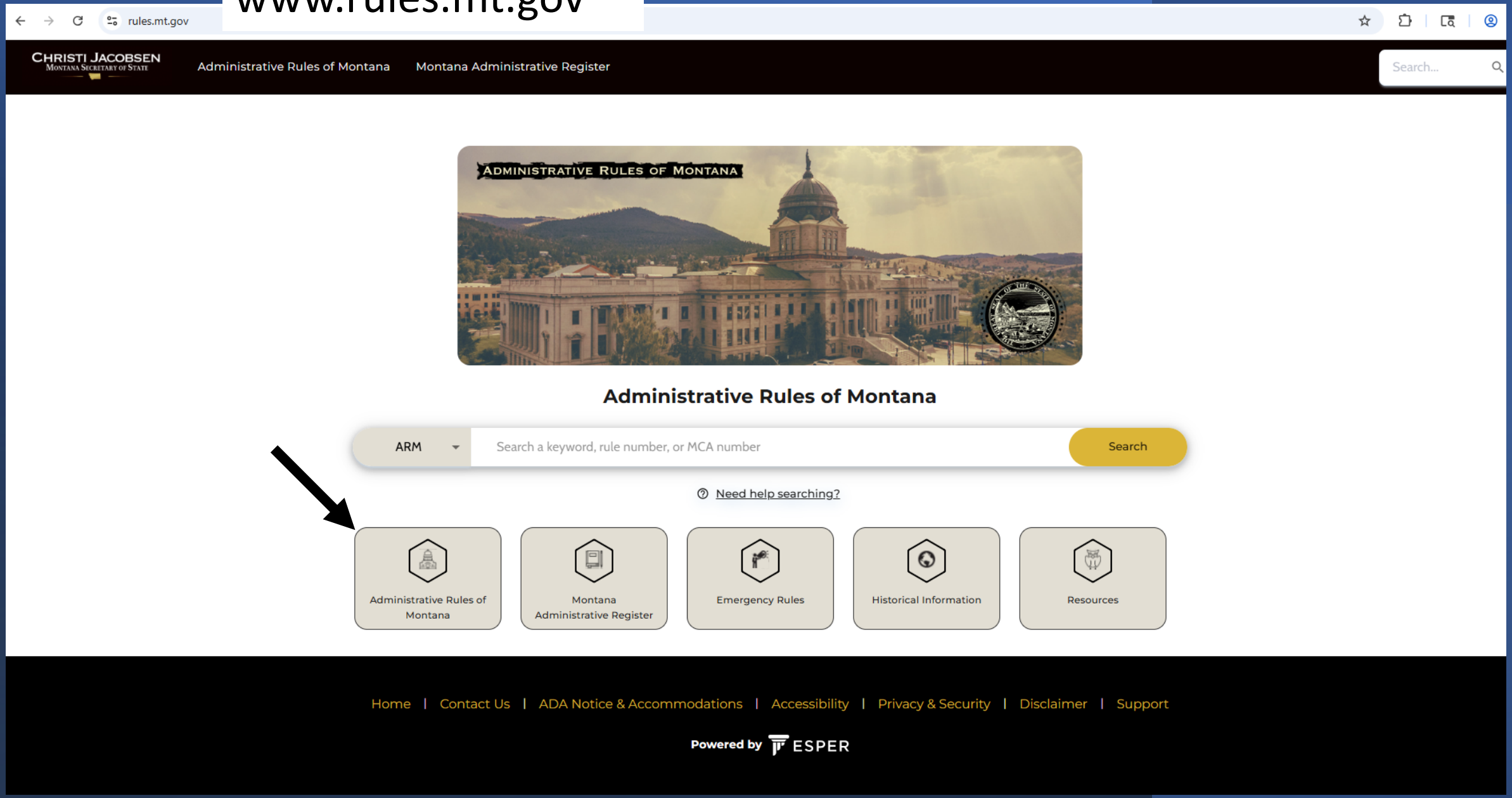
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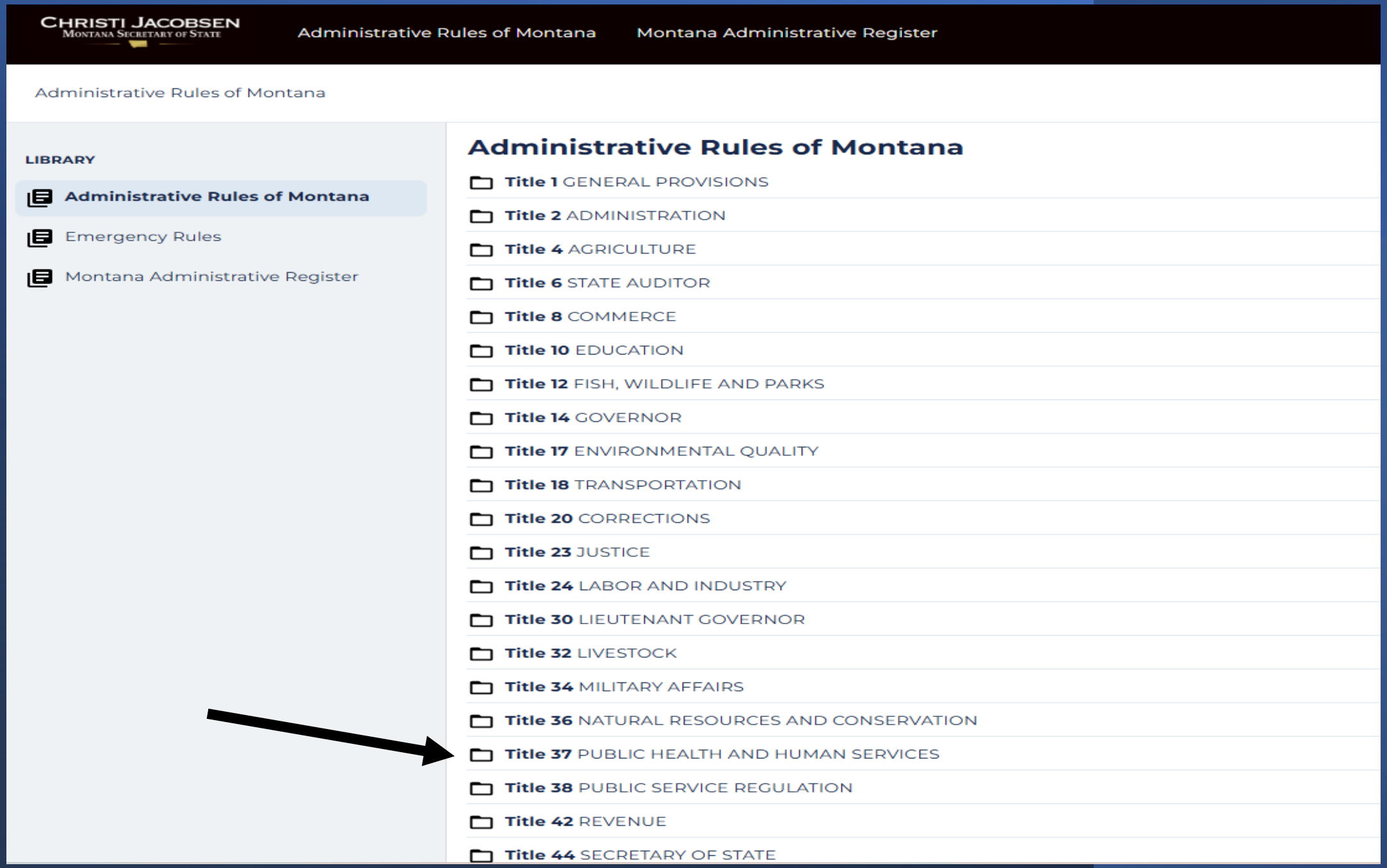
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37.85.414 MAINTENANCE OF RECORDS AND AUDITING
Title 37 PUBLIC HEALTH AND HUMAN SERVICES / Chapter 37.85 GENERAL MEDICAID SERVICES / Subchapter 37.85.4 Provider Requirements
37.85.414 MAINTENANCE OF RECORDS AND AUDITING (1) All providers of service must maintain records which
Administrative Rules of Montana
37.86.201 MID-LEVEL PRACTITIONER SERVICES, REQUIREMENTS
Title 37 PUBLIC HEALTH AND HUMAN SERVICES / Chapter 37.86 MEDICAID PRIMARY CARE SERVICES / Subchapter 37.86.2 Mid-level Practitioner Services
The requirements in these rules are in addition to those contained in ARM 37.85.401 through 37.85.414
Administrative Rules of Montana
37.86.1705 FAMILY PLANNING SERVICES, REQUIREMENTS
Title 37 PUBLIC HEALTH AND HUMAN SERVICES / Chapter 37.86 MEDICAID PRIMARY CARE SERVICES / Subcha 37.86.17 Family Planning Services
requirements are in addition to those contained in ARM 37.85.401, 37.85.406, 37.85.407, 37.85.410, and 37.85.414
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37.86.4202 DIALYSIS CLINICS FOR END STAGE RENAL DISEASE, REQUIREMENTS
Title 37 PUBLIC HEALTH AND HUMAN SERVICES / Chapter 37.86 MEDICAID PRIMARY CARE SERVICES / Subchapter 37.86.42 Dialysis Clinics for End Stage Renal Disease
requirements are in addition to those contained in ARM 37.85.401, 37.85.402, 37.85.406, 37.85.407, 37.85.410, 37.85.414
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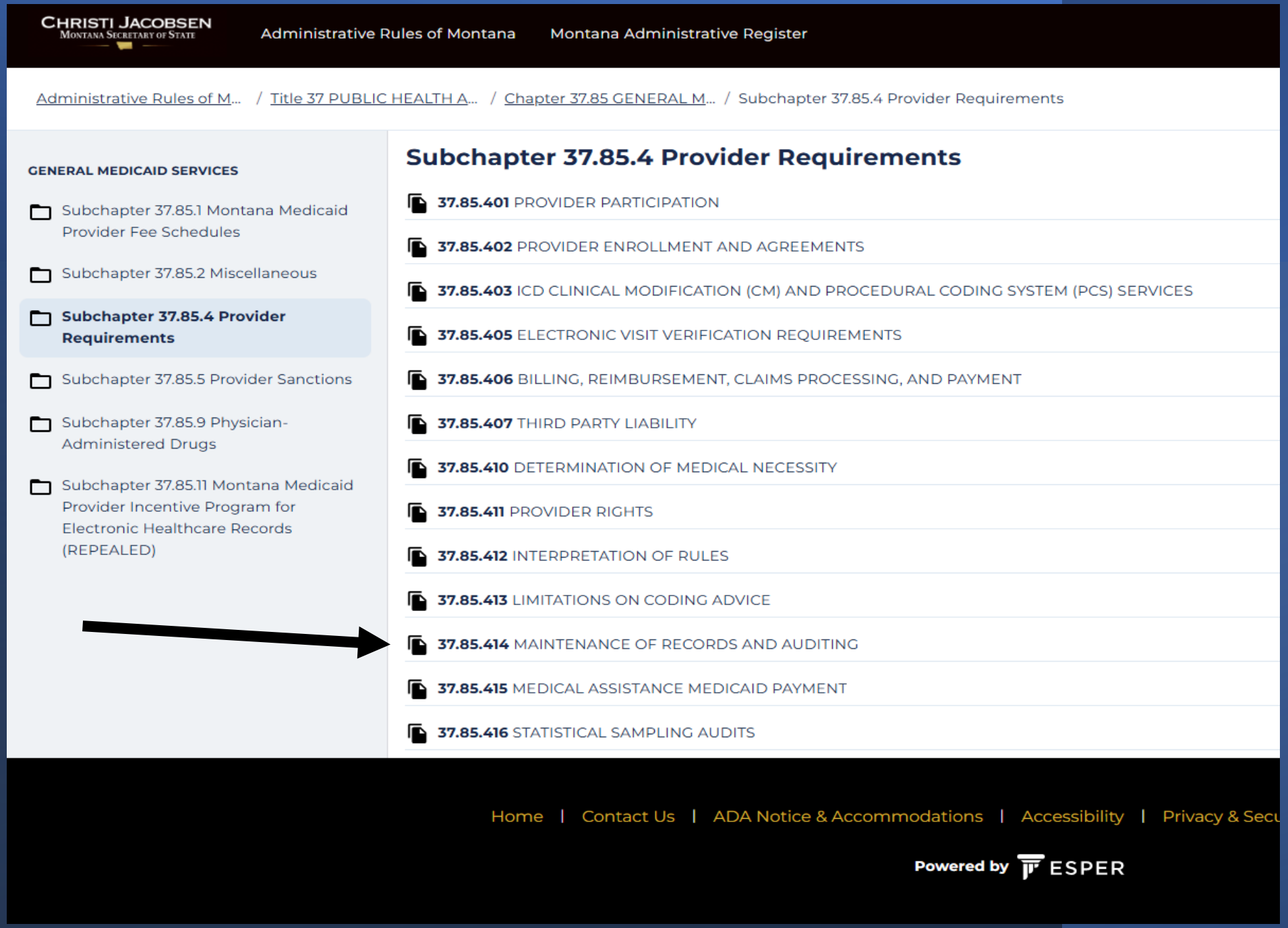
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- **Subchapter 37.85.5** Provider Sanctions
- **Subchapter 37.85.9** Physician-Administered Drugs
- **Subchapter 37.85.11** Montana Medicaid Provider Incentive Program for Electronic Healthcare Records (REPEALED)


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MONTANA SECRETARY OF STATE
Administrative Rules of Montana
Montana Administrative Register
Administrative Rules of M... / Title 37 PUBLIC HEALTH A... / Chapter 37.85 GENERAL M... / Subchapter 37.85.4 Provider Requirements
GENERAL MEDICAID SERVICES
Subchapter 37.85.1 Montana Medicaid Provider Fee Schedules
Subchapter 37.85.2 Miscellaneous
Subchapter 37.85.4 Provider Requirements
Subchapter 37.85.5 Provider Sanctions
Subchapter 37.85.9 Physician-Administered Drugs
Subchapter 37.85.11 Montana Medicaid Provider Incentive Program for Electronic Healthcare Records (REPEALED)
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37.85.401 PROVIDER PARTICIPATION
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37.85.415 MEDICAL ASSISTANCE MEDICAID PAYMENT
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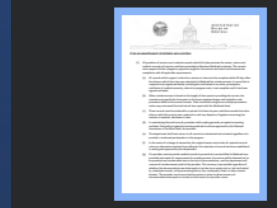
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Search...

← Back ••• Subchapter ... › 37.85.414 MAINTENANCE OF RECORDS AND AUDITING Effective

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2




**37.85.414 MAINTENANCE OF RECORDS AND AUDITING**

(1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

(a) All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. A record that is required to be signed and dated, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated.

(b) When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid client.

(c) These records must be retained for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later.

(d) In maintaining financial records, providers shall employ generally accepted accounting methods. Generally accepted accounting methods are those approved by the National Association of Certified Public Accountants.

(e) The department shall have access to all records so maintained and retained regardless of a provider's continued participation in the program.

Collapse All

**Rule Version**

8681 Active Version

Effective
04/01/2005 - Present

**Contact Information**

hhsadminrules@mt.gov

**Rule History**

NEW, 1980 MAR p. 1491, Eff. 5/16/80; AMD, 1997 MAR p. 474, Eff. 3/11/97; TRANS, from SRS, 2000 MAR p. 479; AMD, 2005 MAR p. 459, Eff. 4/1/05.

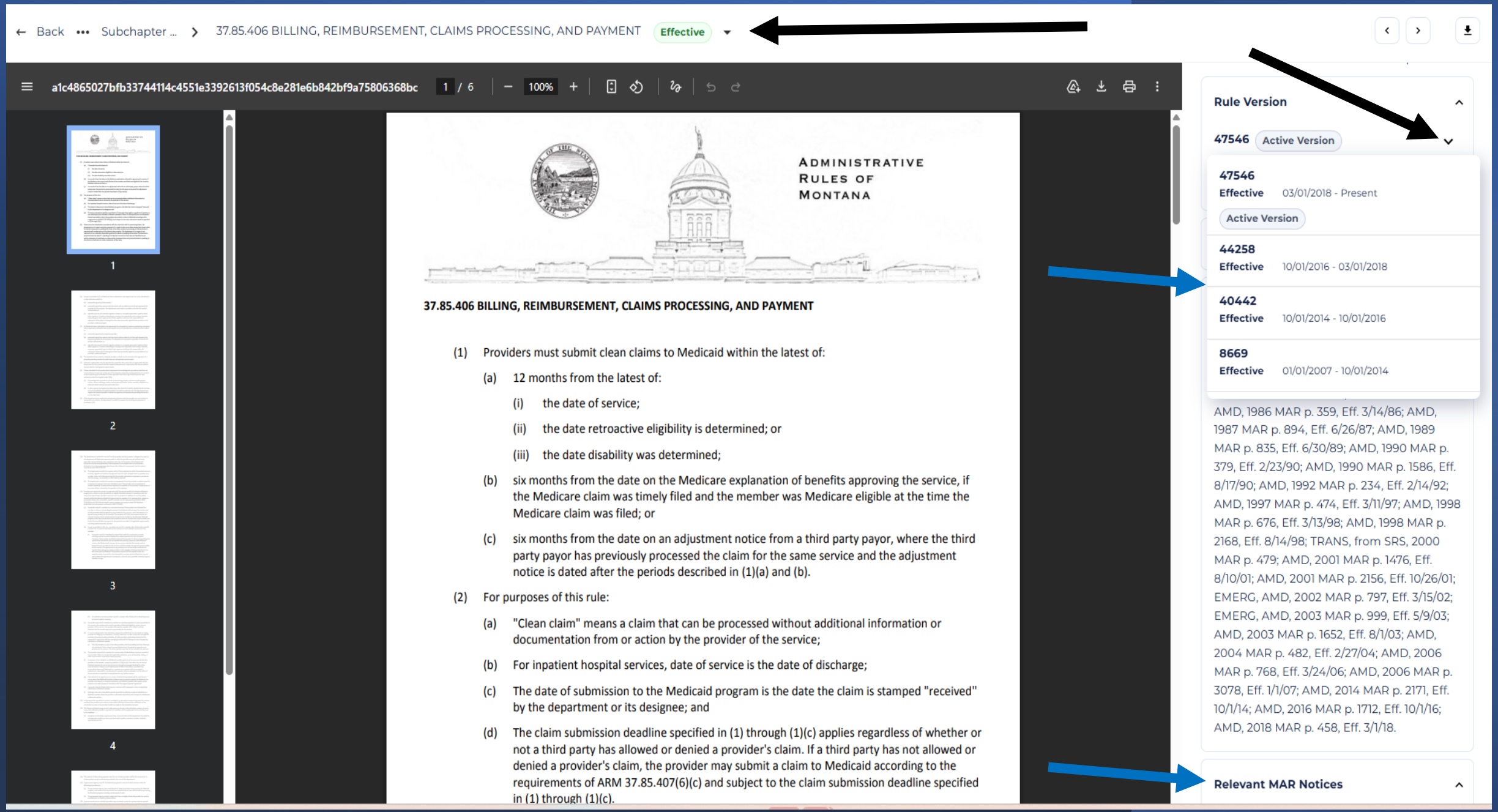
**Relevant MAR Notices**

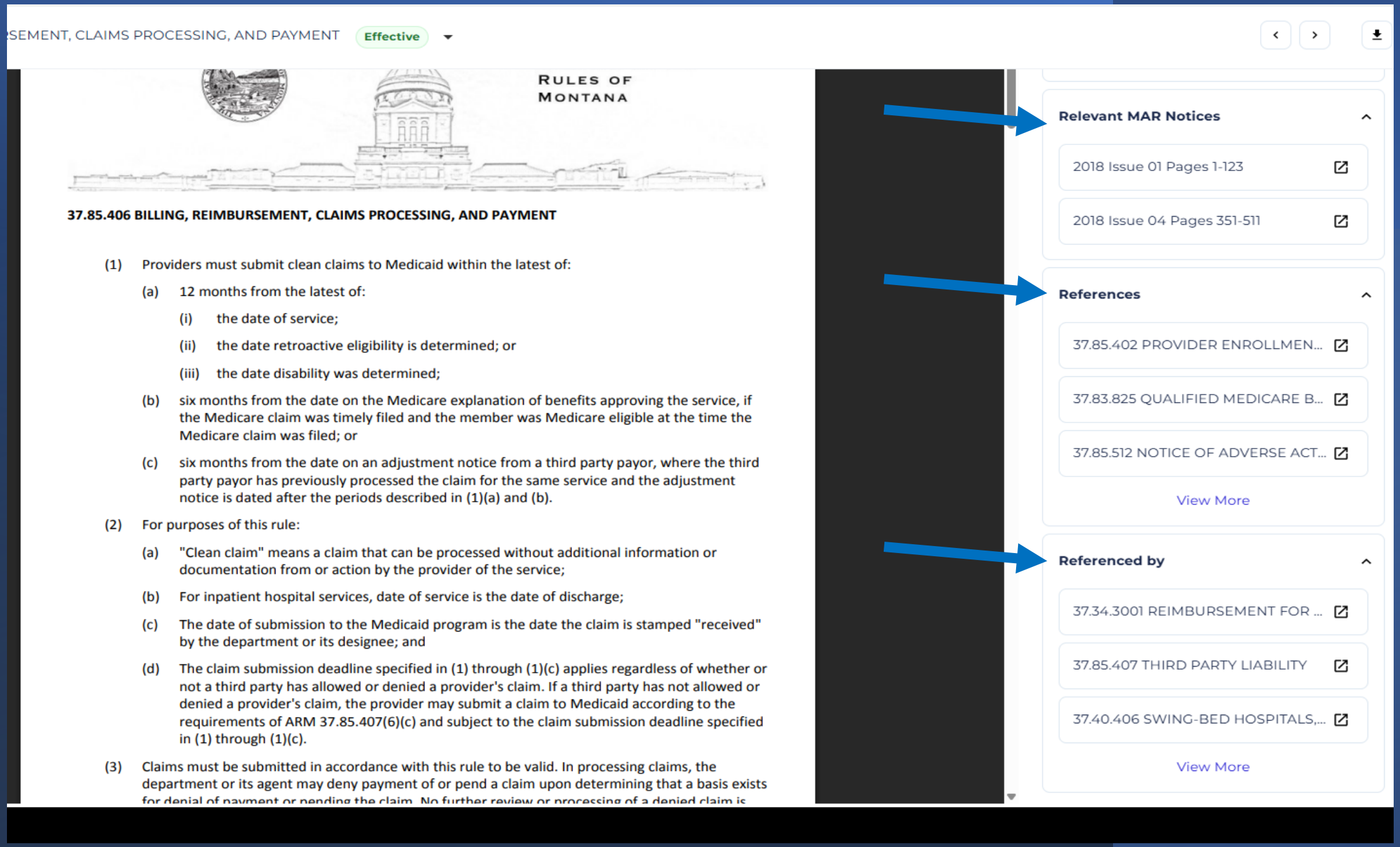
2005 Issue 06 Pages 400-515

**References**

53-6-141, MCA Repealed

53-6-113, MCA Department to Adop...


Back
Subchapter ...
37.85.406 BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT
Effective
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ADMINISTRATIVE RULES OF MONTANA
37.85.406 BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT
(1) Providers must submit clean claims to Medicaid within the latest of:
(a) 12 months from the latest of:
(i) the date of service;
(ii) the date retroactive eligibility is determined; or
(iii) the date disability was determined;
(b) six months from the date on the Medicare explanation of benefits approving the service, if the Medicare claim was timely filed and the member was Medicare eligible at the time the Medicare claim was filed; or
(c) six months from the date on an adjustment notice from a third party payor, where the third party payor has previously processed the claim for the same service and the adjustment notice is dated after the periods described in (1)(a) and (b).
(2) For purposes of this rule:
(a) "Clean claim" means a claim that can be processed without additional information or documentation from or action by the provider of the service;
(b) For inpatient hospital services, date of service is the date of discharge;
(c) The date of submission to the Medicaid program is the date the claim is stamped "received" by the department or its designee; and
(d) The claim submission deadline specified in (1) through (1)(c) applies regardless of whether or not a third party has allowed or denied a provider's claim. If a third party has not allowed or denied a provider's claim, the provider may submit a claim to Medicaid according to the requirements of ARM 37.85.407(6)(c) and subject to the claim submission deadline specified in (1) through (1)(c).
Rule Version
47546 Active Version
47546 Effective 03/01/2018 - Present Active Version
44258 Effective 10/01/2016 - 03/01/2018
40442 Effective 10/01/2014 - 10/01/2016
8669 Effective 01/01/2007 - 10/01/2014
AMD, 1986 MAR p. 359, Eff. 3/14/86; AMD, 1987 MAR p. 894, Eff. 6/26/87; AMD, 1989 MAR p. 835, Eff. 6/30/89; AMD, 1990 MAR p. 379, Eff. 2/23/90; AMD, 1990 MAR p. 1586, Eff. 8/17/90; AMD, 1992 MAR p. 234, Eff. 2/14/92; AMD, 1997 MAR p. 474, Eff. 3/11/97; AMD, 1998 MAR p. 676, Eff. 3/13/98; AMD, 1998 MAR p. 2168, Eff. 8/14/98; TRANS, from SRS, 2000 MAR p. 479; AMD, 2001 MAR p. 1476, Eff. 8/10/01; AMD, 2001 MAR p. 2156, Eff. 10/26/01; EMERG, AMD, 2002 MAR p. 797, Eff. 3/15/02; EMERG, AMD, 2003 MAR p. 999, Eff. 5/9/03; AMD, 2003 MAR p. 1652, Eff. 8/1/03; AMD, 2004 MAR p. 482, Eff. 2/27/04; AMD, 2006 MAR p. 768, Eff. 3/24/06; AMD, 2006 MAR p. 3078, Eff. 1/1/07; AMD, 2014 MAR p. 2171, Eff. 10/1/14; AMD, 2016 MAR p. 1712, Eff. 10/1/16; AMD, 2018 MAR p. 458, Eff. 3/1/18.
Relevant MAR Notices


SEMENT, CLAIMS PROCESSING, AND PAYMENT
Effective
RULES OF
MONTANA
37.85.406 BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT
(1) Providers must submit clean claims to Medicaid within the latest of:
(a) 12 months from the latest of:
(i) the date of service;
(ii) the date retroactive eligibility is determined; or
(iii) the date disability was determined;
(b) six months from the date on the Medicare explanation of benefits approving the service, if the Medicare claim was timely filed and the member was Medicare eligible at the time the Medicare claim was filed; or
(c) six months from the date on an adjustment notice from a third party payor, where the third party payor has previously processed the claim for the same service and the adjustment notice is dated after the periods described in (1)(a) and (b).
(2) For purposes of this rule:
(a) "Clean claim" means a claim that can be processed without additional information or documentation from or action by the provider of the service;
(b) For inpatient hospital services, date of service is the date of discharge;
(c) The date of submission to the Medicaid program is the date the claim is stamped "received" by the department or its designee; and
(d) The claim submission deadline specified in (1) through (1)(c) applies regardless of whether or not a third party has allowed or denied a provider's claim. If a third party has not allowed or denied a provider's claim, the provider may submit a claim to Medicaid according to the requirements of ARM 37.85.407(6)(c) and subject to the claim submission deadline specified in (1) through (1)(c).
(3) Claims must be submitted in accordance with this rule to be valid. In processing claims, the department or its agent may deny payment of or pend a claim upon determining that a basis exists
Relevant MAR Notices
2018 Issue 01 Pages 1-123
2018 Issue 04 Pages 351-511
References
37.85.402 PROVIDER ENROLLMEN...
37.83.825 QUALIFIED MEDICARE B...
37.85.512 NOTICE OF ADVERSE ACT...
View More
Referenced by
37.34.3001 REIMBURSEMENT FOR ...
37.85.407 THIRD PARTY LIABILITY
37.40.406 SWING-BED HOSPITALS,...
View More

# Coding Reference Materials

Some coding reference materials

- CPT  and CPT Assistant
- HCPCS
- ICD-10 CM
- ICD-10 PCS
- CDT
- DSM
- Publications or training specific to your specialty.



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

# Provider Responsibility

It is the ***responsibility of the provider*** to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies and covered services.

In addition, providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

**Special Advisory http://oig.hhs.gov/exclusions/advisories.asp**

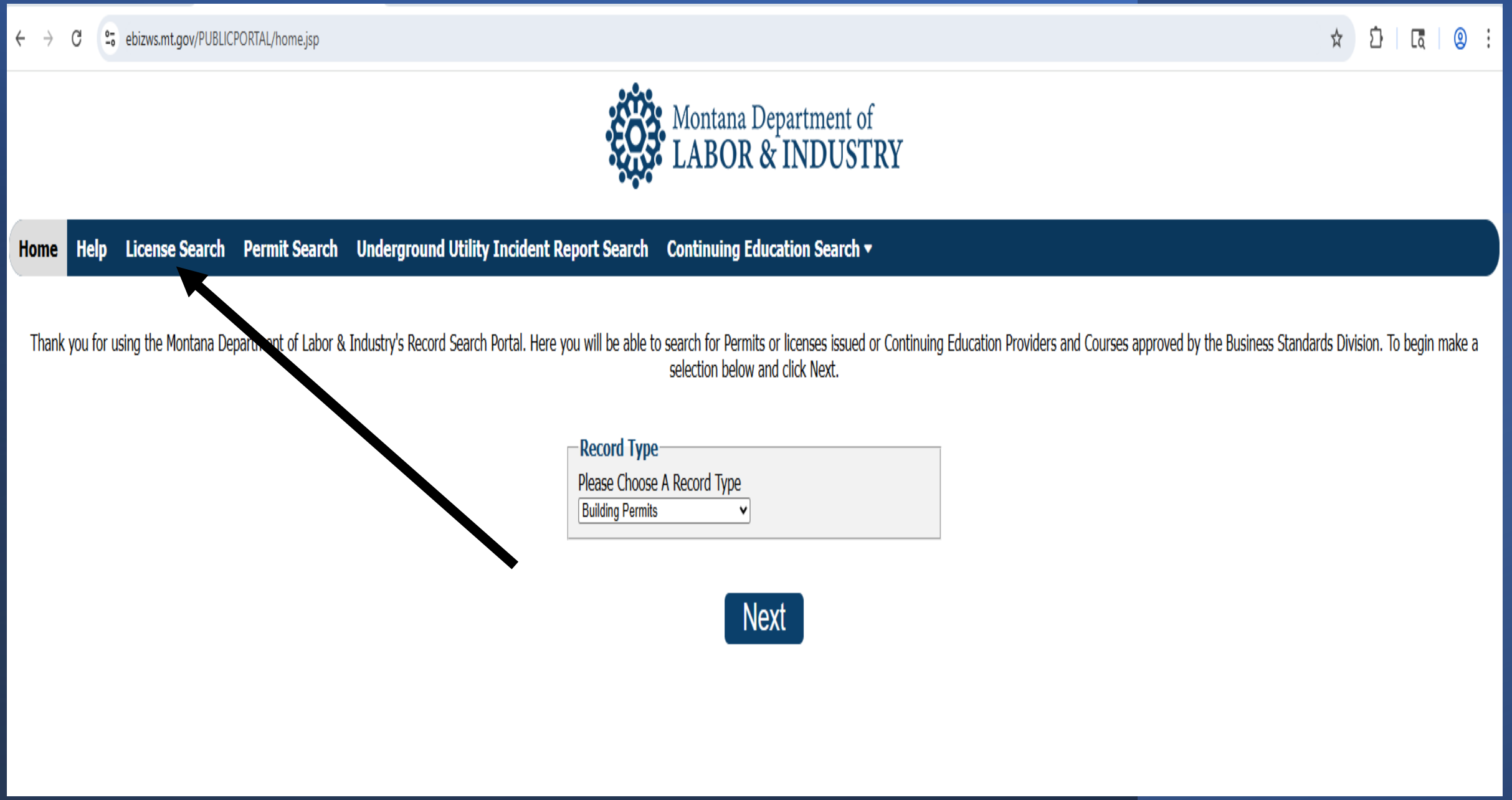
- **DOLI** (https://ebizws.mt.gov/PUBLICPORTAL/home.jsp)
- **LEIE** (http://exclusions.oig.hhs.gov/)
- **SAM** (https://www.sam.gov)

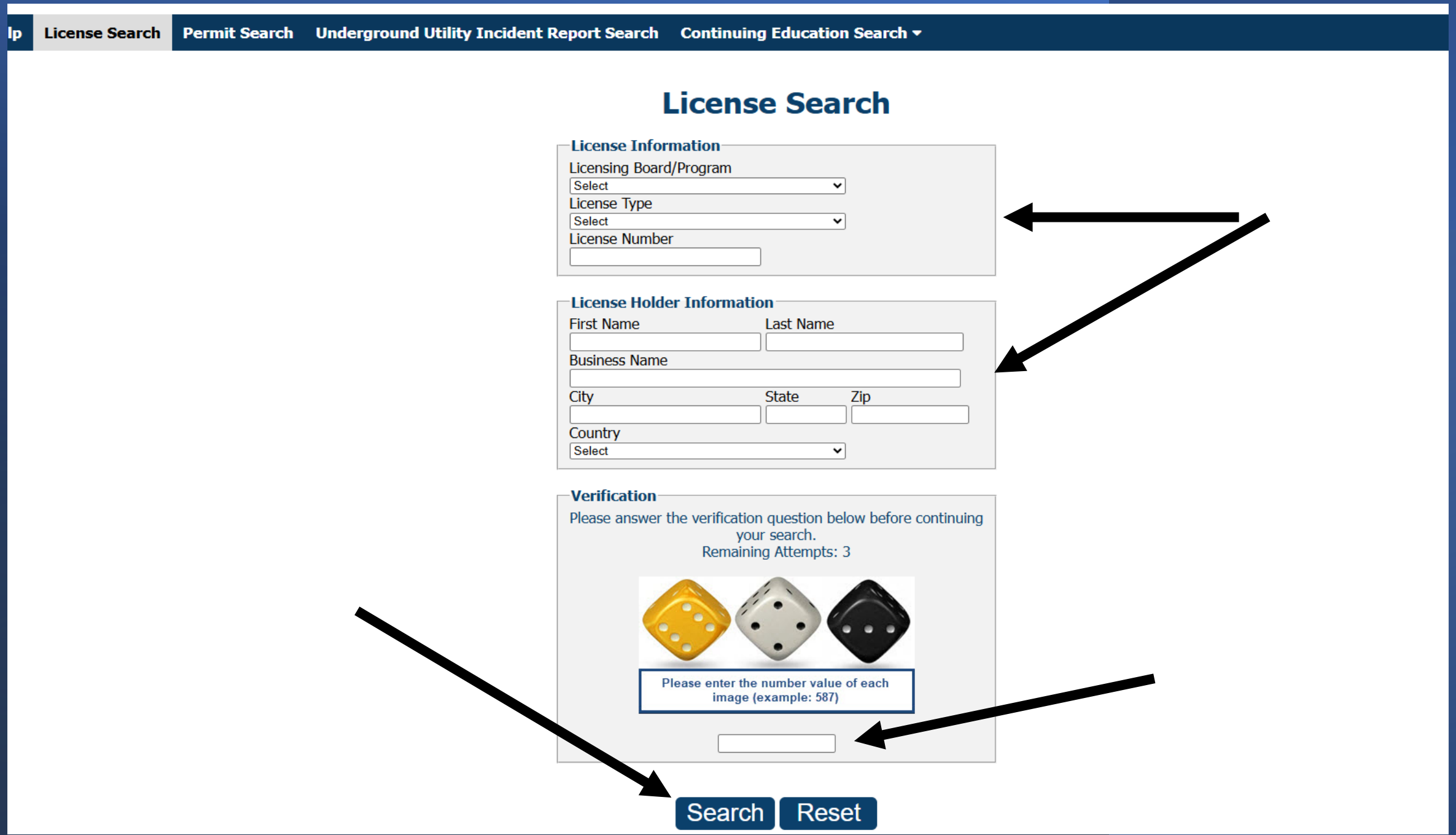
# *Difference between System for Award Management (SAM) and List of Excluded Individuals/Entities (LEIE)*

**SAM exclusions** apply to all federal contracting and grant opportunities across government agencies, making them essential for any organization doing business with the federal government.

**LEIE exclusions** specifically target healthcare workers and entities, focusing on individuals barred from Medicare, Medicaid, and other federal healthcare programs.

Healthcare employers should check both databases during background screening, as an individual could be excluded from one system but not the other.


ebizws.mt.gov/PUBLICPORTAL/home.jsp
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Underground Utility Incident Report Search
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Thank you for using the Montana Department of Labor & Industry's Record Search Portal. Here you will be able to search for Permits or licenses issued or Continuing Education Providers and Courses approved by the Business Standards Division. To begin make a selection below and click Next.
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Please Choose A Record Type
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License Search
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License Information
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Remaining Attempts: 3
Please enter the number value of each image (example: 587)
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# Search Results

To view further details, please click the License Number link.

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filter

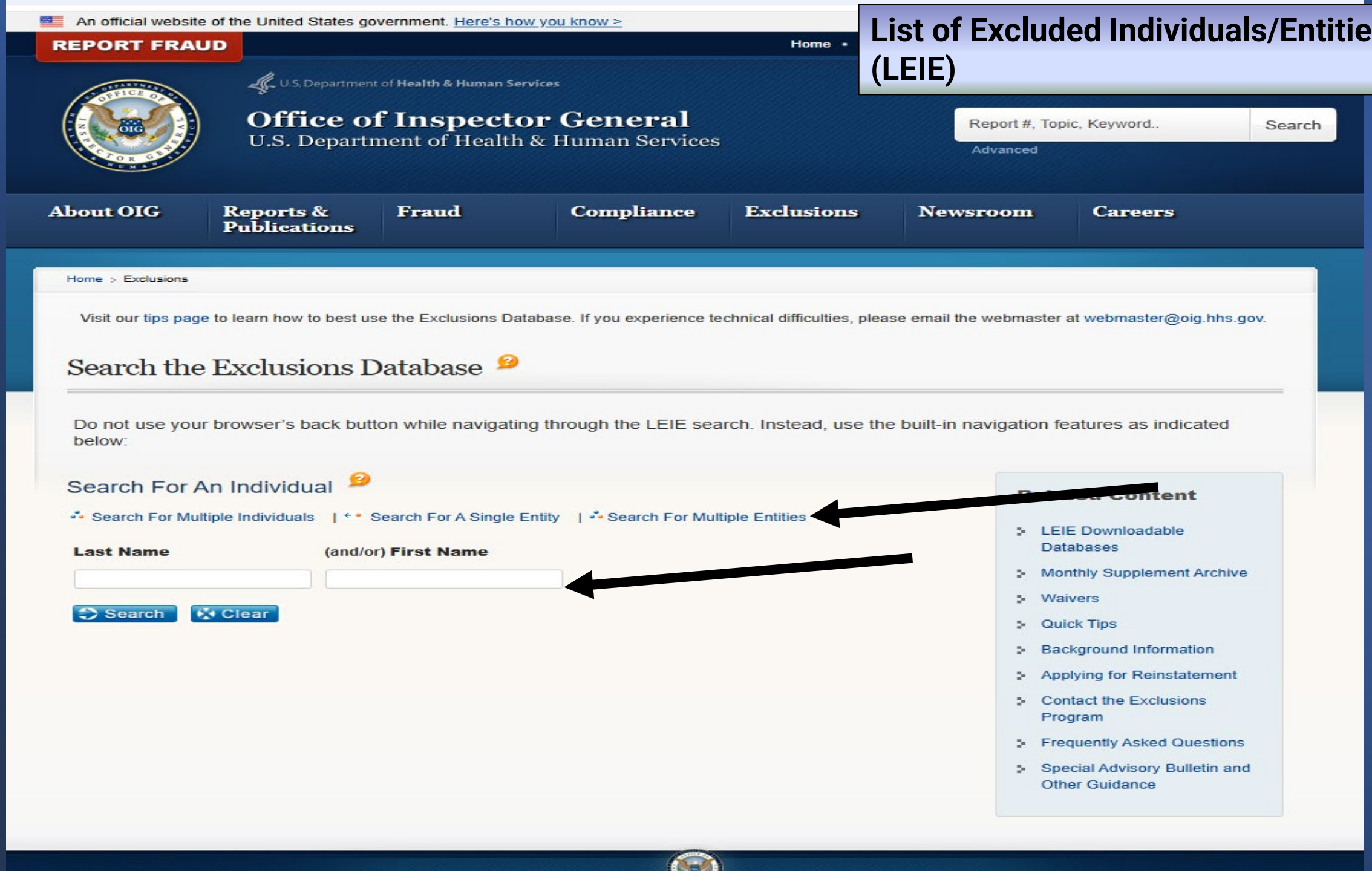
| LICENSE NUMBER | LICENSE TYPE | STATUS | EXPIRATION DATE | BUSINESS NAME | LAST NAME | FIRST NAME | CITY | STATE | ZIP |
|---|---|---|---|---|---|---|---|---|---|
| AHC-ACU-LIC-169 | Acupuncturist License | Terminated | 10/31/2013 | | Smith | Katherine | GRANTS PASS | OR | 97527 |
| AHC-ACU-LIC-195 | Acupuncturist License | Active | 10/31/2027 | ARCADIA ACUPUNCTURE CLINIC | Smith | Deidre | HELENA | MT | 59601 |
| AHC-MAP-LIC-131172 | Midwife Apprentice License | Active | 03/30/2027 | | Smith | Dynelle | HAMILTON | MT | 59840 |
| AHC-MAP-LIC-977 | Midwife Apprentice License | Terminated | 04/30/2016 | | Smith | Barbara | MISSOULA | MT | 59801 |
| AHC-MID-LIC-11 | Direct Entry Midwife License | Terminated | 04/30/2000 | | Smith | Tammara | SEATTLE | WA | 98102 |
| AHC-MID-LIC-1344 | Direct Entry Midwife License | Terminated | 04/30/2022 | | Smith | Barbara | MISSOULA | MT | 59801 |
| AHC-NAT-LIC-131084 | Naturopathic Physician License | Active | 04/30/2026 | | Smith | Michael | MISSOULA | MT | 59804 |
| ARC-ARC-LIC-1227 | Architect License | Active | 06/30/2026 | | Smith | Dennis | WICHITA | KS | 67202 |
| ARC-ARC-LIC-12594 | Architect License | Terminated | 06/30/2021 | | Smith | Martin | BERRIEN SPRINGS | MI | 49103 |
| ARC-ARC-LIC-12600 | Architect License | Active | 06/30/2026 | | Smith | Brett | TAHOE CITY | CA | 96145 |

Showing 1 to 10 of 3182 entries

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Back

# List of Excluded Individuals/Entities (LEIE)



U.S. Department of Health & Human Services

# Office of Inspector General
U.S. Department of Health & Human Services

Report #, Topic, Keyword.. Search

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Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

## Exclusions Search Results: Individuals

Results were found for

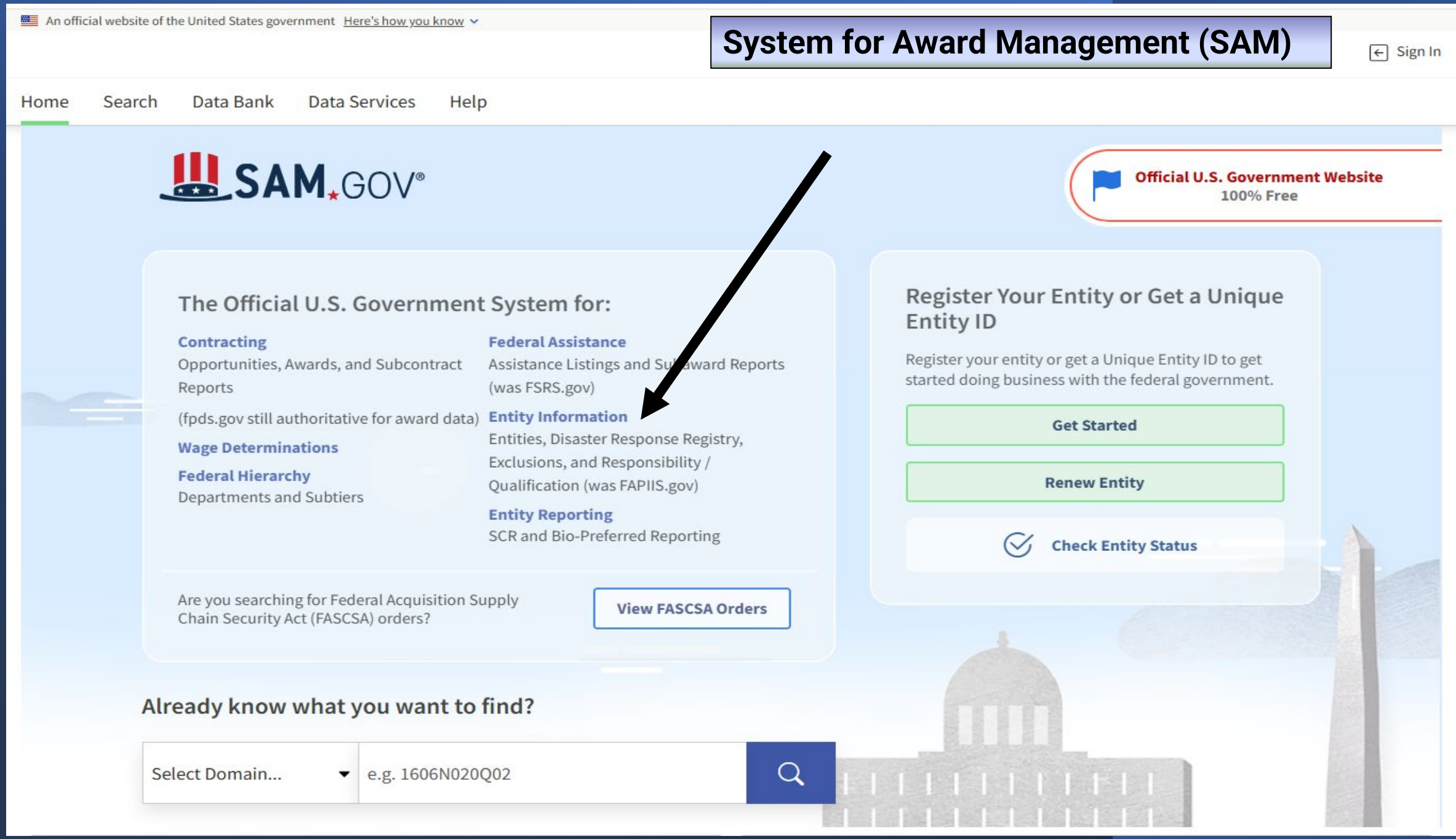
- smith

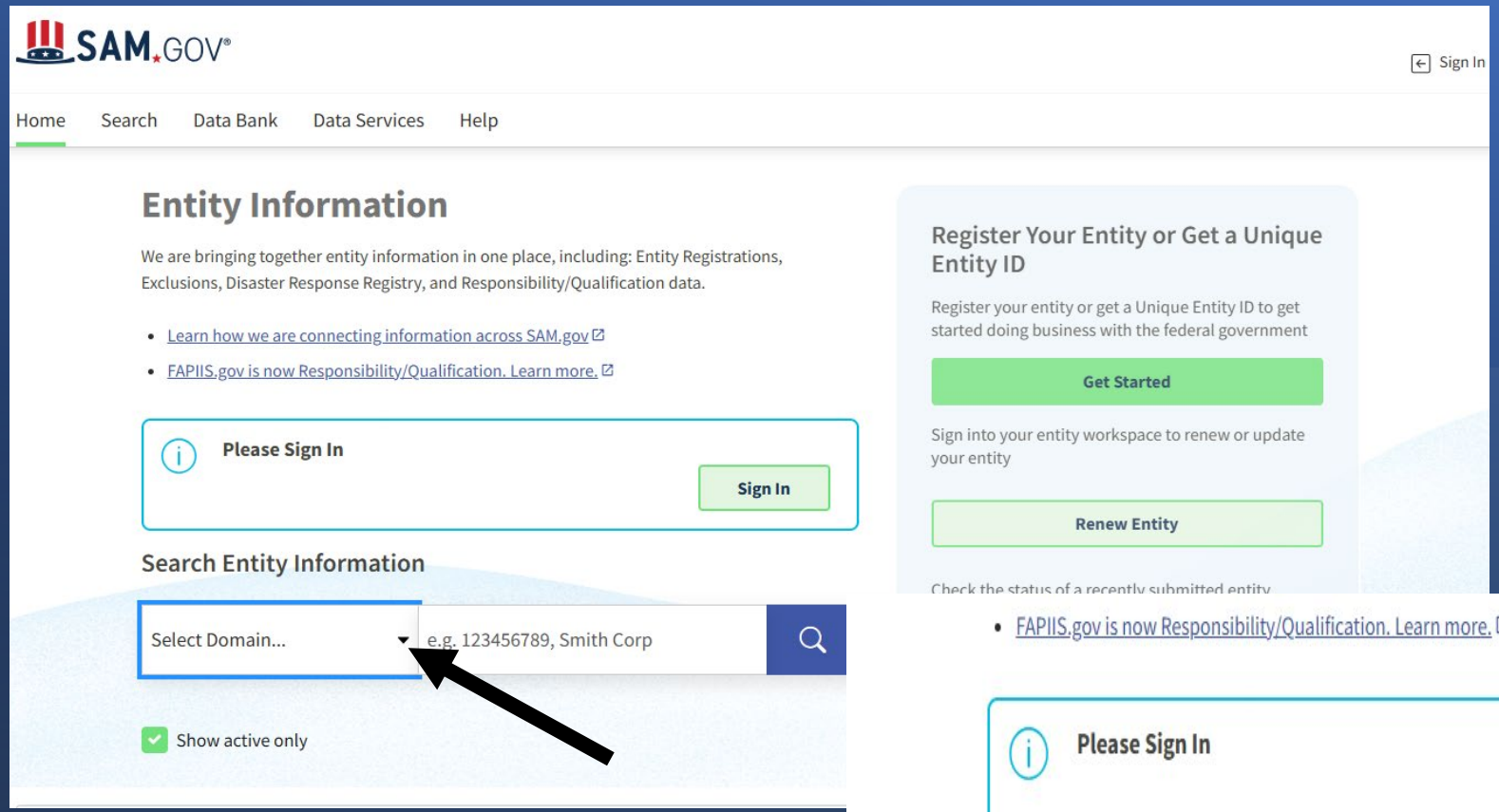
**If the name of the individual or entity appears below, click on the underlined last name or entity name to Verify the record. If the name does not appear in the search results below, print this Web page for your documentation.**

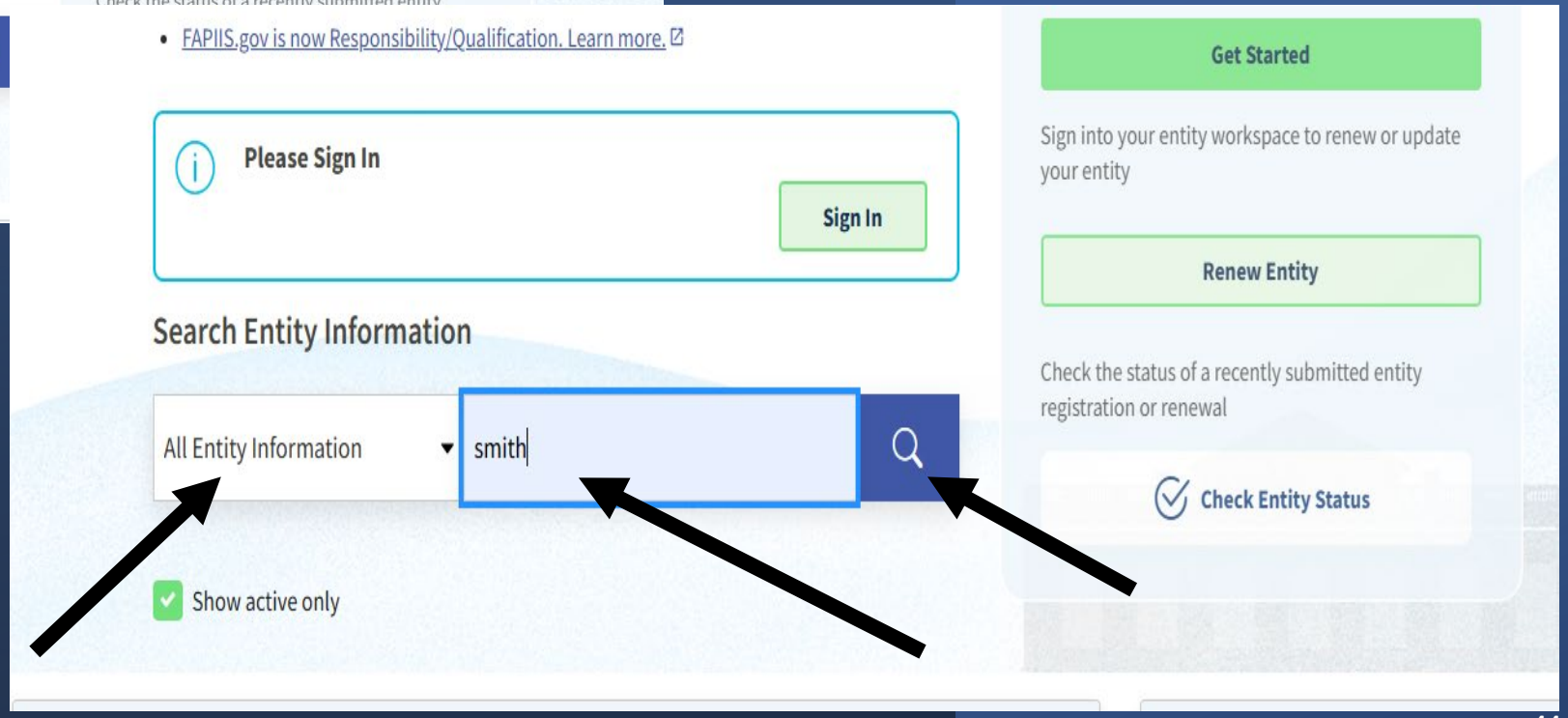
Print Search Results

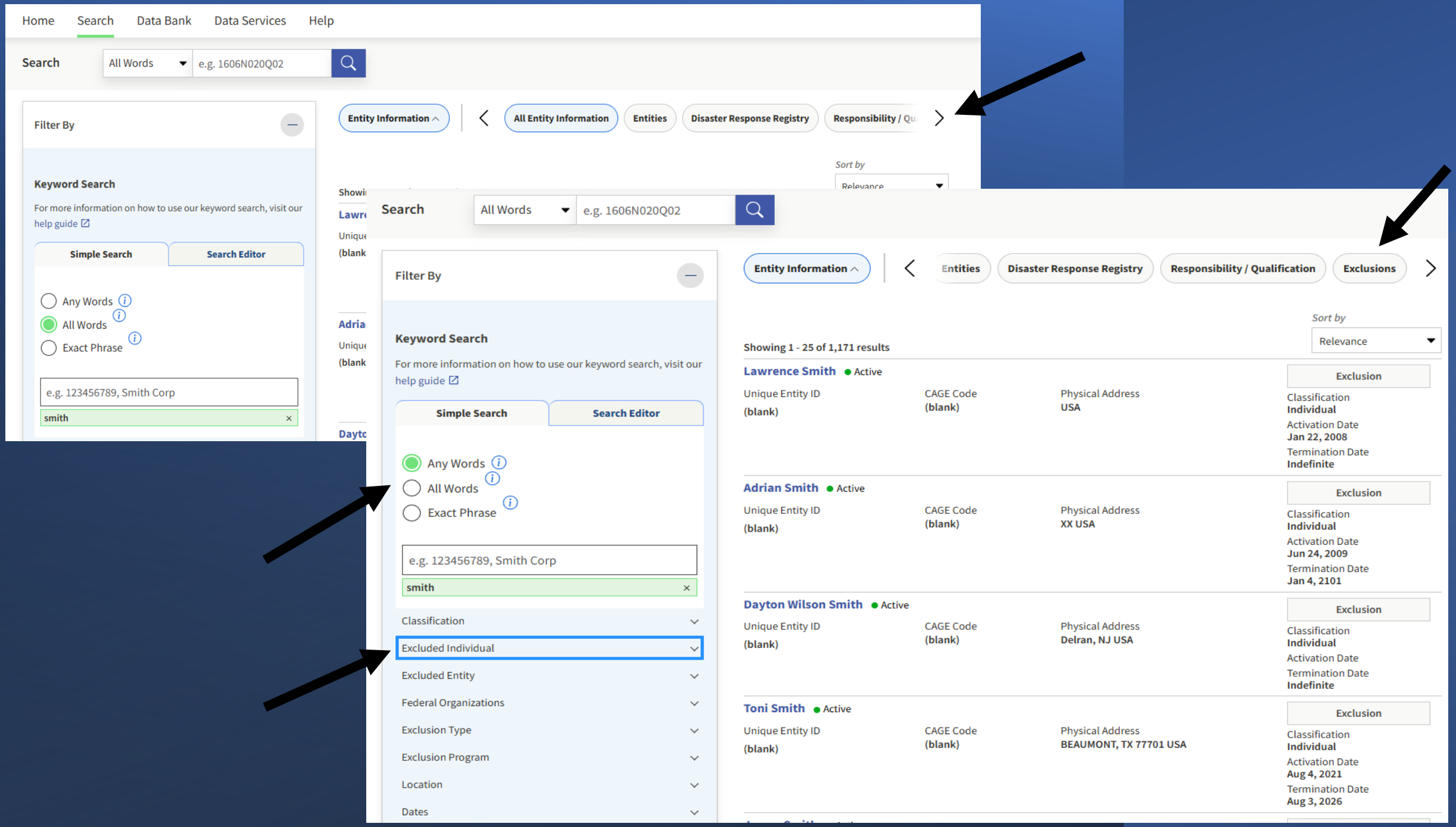
| Last Name | First Name | Middle Name | General | Specialty | Exclusion | Waiver | SSN/EIN |
|---|---|---|---|---|---|---|---|
| SMITH | AARON | JEFFREY | INDIVIDUAL (UNAFFILIATED) | PERSONAL CARE PROVIDER | 1128(a)(1) | | Verify |
| SMITH | ABEL | | INDIVIDUAL (UNAFFILIATED) | PERSONAL CARE PROVIDER | 1128(a)(1) | | Verify |
| SMITH | ADA | M | SKILLED NURSING FAC | NURSE/NURSES AIDE | 1128(a)(2) | | Verify |
| SMITH | ADAM | BRYANT | PHYSICIAN (MD, DO) | PLASTIC SURGERY | 1128(a)(1) | | Verify |
| SMITH | ADAM | | NURSING PROFESSION | NURSE/NURSES AIDE | 1128(b)(4) | | Verify |
| SMITH | ADRIENNE | D | NURSING PROFESSION | NURSE/NURSES AIDE | 1128(b)(4) | | Verify |
| SMITH | ALESHA | JENNIFER | IND- LIC HC SERV PROV | HEALTH CARE AIDE | 1128(a)(1) | | Verify |
| SMITH | ALEXANDER | KENNETH | NURSING PROFESSION | NURSE/NURSES AIDE | 1128(a)(4) | | Verify |
| SMITH | ALEXANDER | CLEATUS | IND- LIC HC SERV PROV | THERAPIST | 1128(b)(4) | | Verify |

# System for Award Management (SAM)




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We are bringing together entity information in one place, including: Entity Registrations, Exclusions, Disaster Response Registry, and Responsibility/Qualification data.
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Show active only
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Register your entity or get a Unique Entity ID to get started doing business with the federal government
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Sign into your entity workspace to renew or update your entity
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Get Started
Sign into your entity workspace to renew or update your entity
Renew Entity
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Check Entity Status


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Keyword Search
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Search Editor
Any Words
All Words
Exact Phrase
e.g. 123456789, Smith Corp
smith
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All Entity Information
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Relevance
Search
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Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
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Search Editor
Any Words
All Words
Exact Phrase
e.g. 123456789, Smith Corp
smith
Classification
Excluded Individual
Excluded Entity
Federal Organizations
Exclusion Type
Exclusion Program
Location
Dates
Entity Information
Entities
Disaster Response Registry
Responsibility / Qualification
Exclusions
Sort by
Relevance
Showing 1 - 25 of 1,171 results
Lawrence Smith
Active
Unique Entity ID
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CAGE Code
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Physical Address
USA
Exclusion
Classification
Individual
Activation Date
Jan 22, 2008
Termination Date
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Termination Date
Jan 4, 2101
Dayton Wilson Smith
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Unique Entity ID
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CAGE Code
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Activation Date
Termination Date
Indefinite
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CAGE Code
(blank)
Physical Address
BEAUMONT, TX 77701 USA
Exclusion
Classification
Individual
Activation Date
Aug 4, 2021
Termination Date
Aug 3, 2026

# Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training

http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp

- Understanding Program Exclusions
- Importance of Documentation






oig.hhs.gov/compliance/provider-compliance-training/
An official website of the United States government
Here's how you know
U.S. Department of Health and Human Services
Office of Inspector General
Submit a Complaint
About OIG
Reports
Fraud
Compliance
Exclusions
Newsroom
Careers
COVID-19 Portal
Home
Compliance
HEAT Provider Compliance Training
HEAT Provider Compliance Training
Training resources resulting from the work of the Health Care Fraud Prevention and Enforcement Action Team (HEAT), an HHS/DOJ initiative.
In Spring 2011, HHS-OIG and its government partners provided in-person trainings in Houston, Tampa, Kansas City, Baton Rouge, Denver, and Washington, D.C. The trainings focused on the realities of Medicare and Medicaid fraud and the importance of implementing an effective compliance program.
Video Series
Help impr

# Video Series

These videos (averaging about four minutes each) cover major health care fraud and abuse laws, the basics of health care compliance programs, and what to do when a compliance issue arises. This is part of the OIG's award-winning Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative.

**View HEAT Videos**

# Webcast Modules

There are 16 modules in the HEAT Provider Compliance Training Webcast, recorded on May 18, 2011. The following resources are now hosted on YouTube.

1. Welcome Remarks (4:37 minutes long)
2. Overview of OIG (9:56 minutes long)
3. Navigating the Fraud and Abuse Laws (26:26 minutes long)
4. Compliance Program Basics (17:01 minutes long)
5. Operating an Effective Compliance Program (15:59 minutes long)
6. Understanding Program Exclusions (10:26 minutes long)
7. Navigating the Government (5:10 minutes long)
8. Overview of Centers for Medicare and Medicaid Services (34:24 minutes long)
9. Importance of Documentation (17:06 minutes long)
10. OIG Subpoenas Audits Surveys and Self Disclosure Protocol (17:42 minutes long)
11. Health Care Fraud Enforcement Panel (6:08 minutes long)
12. Health Care Fraud Enforcement Panel with CMS Deputy Admin (13:43 minutes long)
13. Health Care Fraud Enforcement Panel with Special Agent (15:10 minutes long)
14. Health Care Fraud Enforcement Panel with Ass. US Attorney (17:08 minutes long)
15. Health Care Fraud Enforcement Panel - Fraud Control Unit (11:15 minutes long)
16. Adjournment (0:59 minutes long)

# HIPAA

- American Recovery & Reinvestment Act has many changes for HIPAA [45 CFR, Part 160-164]
  - http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf
- CMS Website for HIPAA info
  - http://www.cms.gov/HIPAAGenInfo/
- Office for Civil Rights Website
  - http://www.hhs.gov/ocr/privacy/index.html




**Rob Nowels, Attorney**

**Office of Legal Affairs**

**HIPAA Program Privacy Officer**

**1-406-329-7911**

- robert.nowels@mt.gov

**2675 Palmer Ste. E**

**Missoula, MT 59808**


DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

# What do we do?

Our unit is consistently working on several projects:

- Team Reviews
- Self Reviews
- Individual Reviews
- New Provider Reviews
- Data Reviews
- Active Provider Reviews



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

# The progression of reviews…

1. Review idea
2. Collection of data & resources
3. Initial contact with provider
4. Records request letter
5. Records review
6. Overpayment letter
7. Administrative Review (AR)
8. Additional records or information for AR
9. AR determination
10. Fair Hearing (FH) with an Administrative Law Judge (ALJ)
11. ALJ FH determination
12. Judicial Court
13. Overpayment letter
14. Repayment collection
15. Closure

# Let's Talk Documentation

Maintain records which demonstrate the extent, nature and medical necessity of services provided [ARM 37.85.414]



DOCUMENT!

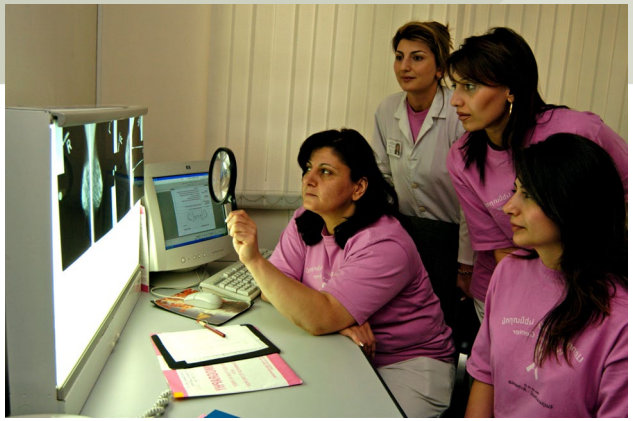
DOCUMENT!

DOCUMENT!



# WHO

- Providers
- Billers
- Recipients
- Reviewers
- Program Managers









# WHAT

- Tracking
- Informational
- Review
- Common Sense



**ARM 37.85.414 (1)** All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

# WHEN





- As it happens

**ARM 37.85.414 (1)(a)** All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. A record that is required to be signed and dated, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated.

## Addendums/Corrections

Records cannot be altered and must reflect the services provided. If a record needs to be corrected, a provider should…

- For Written Documentation:
  - Cross out with a single line
  - Write correct information
  - Date and sign the correction
- For Electronic Health Records:
  - Add an addendum to the note/ documentation indicating what's incorrect and what's correct
  - Date and sign the correction

# WHERE



- Retention (6 years & 3 months from the date of service)
- Personally Provided Services

**ARM 37.85.414 (1)(g)** If a provider cannot provide medical records to prove that a service billed to Medicaid was provided and meets all requirements for reimbursement, the service will be deemed not to be provided and reimbursable due to the lack of documentation, and the department will recover all reimbursement paid to the provider. This recovery is permissible regardless of whether the documentation was destroyed or lost due to an event such as, but not limited to, misplaced records, a data processing failure, fire, earthquake, flood, or other natural disaster. The provider must have a backup system in place to allow recovery of documentation destroyed or lost due to such events or any other cause.

**ARM 37.85.406 (16)** A person enrolled as an individual provider may not submit a claim for services that the provider did not personally provide, inclusive of services provided by another person under the provider's supervision, unless authorization to bill for and receive reimbursement for services the provider did not personally provide is stated in administrative rule or a Montana Medicaid program manual and is in compliance with any supervision requirements in state law or rule governing the provider's professional practice and the practice of assistants and aides.

# WHY

*If it isn't documented the service cannot be substantiated!*



# Record Keeping Tips

Records cannot be altered and must reflect the services provided.
If a record needs to be corrected, a provider should…

- For Written Documentation:
  - Cross out with a single line
  - Write correct information
  - Date and sign the correction
- For Electronic Health Records:
  - Add an addendum to the note/ documentation indicating what's incorrect and what's correct
  - Date and sign the correction



# Record Keeping Tips

- Providers must have a contingency plan to ensure the availability of documentation in the event of a loss of medical records.

  [ARM 37.85.414]

- Providers must obtain **written** authorization from the Department for any variation from the usual billing practice.

  [ARM 37.85.412 and 37.85.413]



# Top Examples of Documentation Errors



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## **Incomplete records**:

An incomplete record can hinder effective patient care and can lead to misunderstandings or mistakes.

In addition, it does not give a reviewer the full picture of what happened within the service.

Demonstrating the extent and nature of the services.





## **Illegible documentation**:

This can create confusion for other providers who need to access the patient's history and can affect the patient's continuity of care.

Not to mention making it very difficult for a reviewing party to know what transpired during the service.

## **Failure to appropriately document corrections**:

Records are required to be signed, dated, and completed within 90 days of billing a claim to Montana Medicaid per ARM 37.85.414.

If a document must be corrected, the additional information must be signed, dated, and completed within 90 days of the billed date to Montana Medicaid.






## Missing signatures and dates:

Properly signed documents are essential for legal and billing purposes.

A record is not complete until it is signed and dated.

## **Missing time in and out and/or duration when billing time-based codes**:

Some services are based on the time spent with the patient or performing the service. The begin and end time and/or duration should be clearly documented on the medical record.





**Missing patient identifying information on the records**:

In order to verify the documentation is for the billed patient and date of service, the identifying information needs to be listed on each page of the document.

This can include the page count.

## Contradicting/Conflicting Information:

When this type of error is within a document it makes it difficult for a reviewer to verify the correct or accurate information.



# Additional review errors …

- Incomplete or missing orders/referrals, prescriptions, treatment plans.
- Missing dates and signatures on notes or DME delivery confirmation.
- Up-coding Evaluation and Management.
- Billing for services not personally provided.
- Unbundling of services.
- Word documents as electronic records.
- No records received.





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# Resources



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Documentation for Medical Record Training

- https://www.youtube.com/watch?v=dgcXVb3LQFM

Administrative Rules of Montana (ARMs)

- http://mtrules.org

General Information for Providers Manual

- http://medicaidprovider.mt.gov/providertype

Federal Register

- Vol. 65, No. 194 / Thursday, October 5, 2000 / Notices pg. 59440
  - https://www.gpo.gov/fdsys/pkg/FR-2000-10-05/pdf/FR-2000-10-05.pdf

Documentation Matters Toolkit

- https://www.cms.gov/medicare/medicaid-coordination/states/dcoumentation-matters-toolkit

HEAT Provider Compliance Training

- https://oig.hhs.gov/compliance/provider-compliance-training/

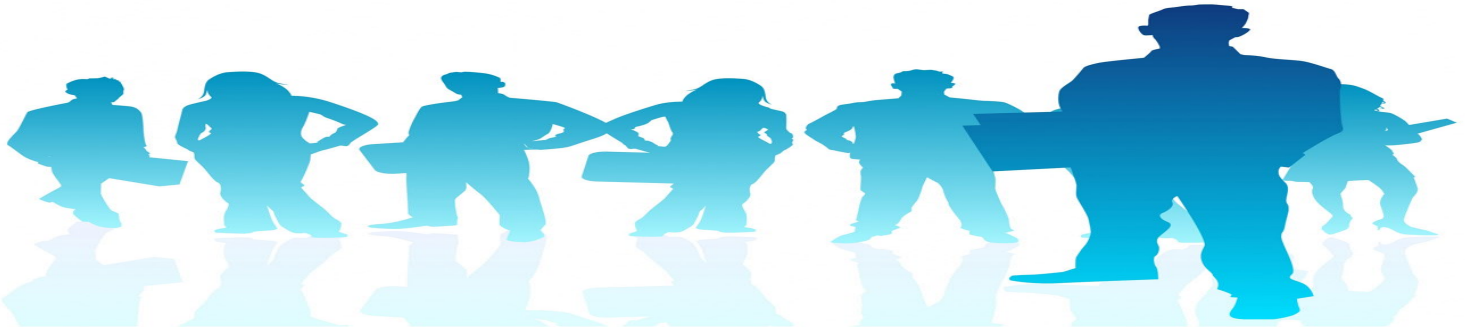
# SURS Staff

## Jennifer Tucker, CPC, CPIP; SURS Supervisor

## 8 Program Integrity Compliance Specialists

- Licensed Practical Nurse (LPN)
- Certified Professional Coders (CPC)
- Certified Dental Coder
- Certified Program Integrity Professionals (CPIP)
- Doctor of Chiropractic (DC)
- Subject Matter Experts

## assigned to multiple provider types and specialties



# Questions?



# Contact Information




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# The more information the better!